

**PERCEPTIONS OF NEWLY APPOINTED REGISTERED NURSES
REGARDING THE NURSING ORIENTATION PROGRAMME IN A
TERTIARY HOSPITAL IN SAUDI ARABIA**

BY

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degree of

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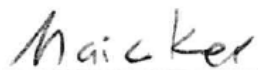
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JUNE 2021

DECLARATION

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I, Jennie Naicker, declare that **Perceptions of newly appointed registered nurses regarding the nursing orientation programme in a tertiary hospital in Saudi Arabia** is my own original work and that all the sources that I have used or quoted have been duly acknowledged and referenced in the bibliography. This work has not been submitted for any other degree at any other institution before.



SIGNATURE

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07 June 2021

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**PERCEPTIONS OF NEWLY APPOINTED REGISTERED NURSES REGARDING
THE NURSING ORIENTATION PROGRAMME IN A TERTIARY HOSPITAL IN
SAUDI ARABIA**

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ABSTRACT

A qualitative descriptive phenomenological research design was used to determine perceptions of the newly appointed registered nurses pertaining to the orientation programme at a tertiary hospital in Saudi Arabia. Individual interviews were conducted to collect data, and the transcribed interviews were analysed using content analysis. The themes identified about the Orientation Programme included participants' voices regarding the orientation programme, the orientation programme as a powerful tool for skills development, feelings experienced by nurses after completion of the programme, and participants' expectations and recommendations towards the orientation programme. The findings indicated that the registered nurses found the programme beneficial and that their competencies and skills to deliver safe patient care were enhanced. Participants also recommended that a more participatory approach be used. The study's foreseeable limitations were that only newly appointed registered nurses were included, and the fact that the study was conducted in one tertiary hospital causing the findings, not to be transferred to other settings.

Keywords:

- Orientation Programme
- Perceptions
- Registered nurse
- Newly appointed registered nurse

OPSOMMING

'n Kwalitatiewe beskrywende fenomenologiese navorsingsontwerp is gebruik om persepsies van geregistreerde rakende die oriënteringsprogram in 'n tersiêre hospitaal in Saoedi-Arabië te bepaal. Data is versamel met behulp van aangesig-tot-aangesig-onderhoude. Die getranskribeerde onderhoude is met behulp van inhoudsanalise geanaliseer. Die temas wat oor die oriënteringsprogram geïdentifiseer is, sluit in die opinies van die deelnemers rakende die oriënteringsprogram, die oriënteringsprogram as 'n kragtige instrument vir die ontwikkeling van vaardighede, gevoelens wat verpleegkundiges ervaar na afloop van die oriënteringsprogram, en die verwagtinge en aanbevelings van die deelnemers. Die bevindings het aangedui dat die geregistreerde verpleegkundiges die program voordelig vind en dat hul vaardighede en vermoë om veilige pasiëntsorg te lewer, verbeter is. Deelnemers beveel ook aan dat 'n meer deelnemende benadering gebruik word. Beperkings van die studie was dat slegs pas-aangestelde verpleegkundiges deelgeneem het, en die studie was beperk tot een tersiêre hospitaal. Die resultate kan dus nie veralgemeen word nie.

Sleutelwoorde:

- Oriënteringsprogram
- Persepsies
- Geregistreerde verpleegster
- Verpleegkundige

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DEDICATION

I dedicate my dissertation to my beloved dad, Mr A. Shunmugam, who believed in me and knew that I could make a difference in the nursing profession.

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

In this chapter, the researcher provides the study's background and the problem statement with the purpose, objectives, research questions, significance and the theoretical foundation that guided the study. In addition to those matters, the research design, methodology, key concepts, the scope, and the layout of the dissertation is discussed.

1.2 BACKGROUND INFORMATION TO THE STUDY

A well-structured orientation programme for an institution is critical since it helps newly appointed staff members adapt to the organisation's culture and standard of doing things to become productive. New employees are assisted in settling in; they are shown where to park and get office equipment, making them feel welcome. These are the critical aspects of orientation programmes. For this reason, all health care organisations have a comprehensive orientation programme that provides new employees with an understanding of organisational vision and mission. Orientation concentrates on the bigger picture of an organisation's fundamentals of why the organisation exists and how the employees fit into the organisation to achieve its mission. An effective orientation programme ensures that the newly appointed staff are sustained during the initial employment phase (Wallace 2009:168). To reach the objectives of an orientation programme, it considers many factors such as the organisation and the newly employed staff's needs. A successful orientation programme provides new staff with the relevant knowledge; hence the team will become optimistic and perform their duties with ease (Larson 2012:1; 2; 6).

The literature describes different orientation programmes, namely: mentor-based, preceptor-based, and competency-based orientation programmes that aim to help new staff adapt to the new organisation. A preceptor-based orientation programme aims to

improve the skills and knowledge and enhance job satisfaction amongst newly employed staff. While the competency-based orientation programme is a framework suitable for assessing new staff's orientation, the preceptor works closely with the new colleagues for at least one month. During this period, the preceptor ensures that the new team becomes familiar with the unit's specific standards, patients, doctors, and culture (Sandau & Halm 2010:184).

Mentorship is a collaborative relationship among two people based on common goals, trust, and respect. It involves the transfer of information. The mentee learns from the experiences and mistakes of the mentor. It is imperative to find a committed mentor who is willing to share her/his experiences and support as this will ascertain that the mentee adapts to the clinical area with ease (Poulson 2013). A nurse mentor programme equips the mentee with new skills with the intent to promote job satisfaction. The programme intends to expedite the novice nurse to an expert as it promotes support from the mentor to the newly hired nurse. It is a successful strategy for coaching nurses in a demanding health care setting (Jones 2016:3; 35).

A competency-based programme is learner-centred and fosters the achievement of both mandatory and unit-specific competencies. It is imperative to conduct an effective programme to ensure the development of an efficient and confident nurse. This guarantees that the new nurse adapts to the environment with ease. Hence the programme emphasises safe and quality patient care (Cuddy 2015:4; 12; 22).

The General Nursing Orientation Programme under study was implemented in 2012 for the purpose of orientating nurses who start working in a tertiary hospital in Saudi Arabia. This orientation programme's (which included all new staff) primary aim was to decrease both the preceptor and the new staff member's stress and anxiety.

The objectives of the General Nursing Orientation Programme were:

1) To prepare, engage and socialise the new staff member, 2) to demonstrate that every new employee who joined the organisation is valued, 3) to define work assignments for roles and responsibilities within their job, and 4) to ensure that the resources are readily available to the new staff member.

The programme ran for two weeks, consisting of a didactic and practical component. The General Nursing Orientation Programme was revised in 2017, and the new programme included a mandatory competency component. The inclusion of the compulsory competency component to the orientation programme was based on consensus among the nursing education department staff that the newly appointed team had to demonstrate specific mandatory competencies before commencing duties in the clinical area. The aim was to ensure that the newly appointed staff became familiar with the organisation's policies and procedures to prepare them to adapt to the clinical area with ease. The mandatory competencies included physical assessment of patients, fall assessment, wound management, blood transfusion, intravenous therapy, and insulin administration. The nursing education department staff facilitated integrating the theory covered in the didactic components with the practical part before the new appointees were deemed competent. Newly appointed staff were assessed using Benner's Model of Clinical Competence (General Nursing Orientation Programme 2012). The nursing education department is part of the tertiary hospital.

1.3 RESEARCH PROBLEM

Orientation programmes aim to improve the skills and knowledge of newly employed staff and contribute to job satisfaction, promoting the adaptation of personnel to their new environment with ease (Sandau & Halm 2010:184). The tertiary hospital in Saudi Arabia recruits' nurses from all over the world. This procedure makes orientation very important to help all newly employed staff to adapt to their new work environment with ease. Therefore, all newly appointed nurses must undergo a two-week orientation programme consisting of a theoretical (didactic) and practical component. According to Larson (2012:4), "due to an increase in cost of providing orientation to newly hired staff

and since orientation is an essential part of nursing retention, it is imperative that managers evaluate the success of the nursing orientation programme.” The orientation programme on which the study focused was implemented in 2012 and revised in 2017, and a mandatory competency component was added to the programme. Revision of the orientation programme and the addition of the compulsory competency component necessitated a process of evaluating whether the orientation programme still achieved its primary aim to enhance the clinical skills of newly employed nurses and whether they adapted to the new work environment with ease. Hence, the study’s motivation was to determine the perceptions of newly appointed registered nurses on the orientation programme and whether the revised orientation met the study populations’ expectations. If a nursing orientation programme is unsuccessful it will impact on the performance and decreased motivation of the newly appointed registered nurses. This may result in an increase in their anxiety level and inability to provide quality and safe nursing care to their patients due the difficulty in adapting to the clinical setting resulting in an increase in absenteeism

1.4 PURPOSE OF THE STUDY

The researcher undertook the study to investigate and get to a better understanding of the perceptions held by the newly-appointed registered nurses on the general nursing orientation programme and to determine whether the orientation programme met the expectation of these nurses.

1.4.1 Objectives of the study:

The study objectives were:

- 1) To explore what the meaning was of being a newly-appointed registered nurse having to undergo the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia.
- 2) To explore whether the General Nursing Orientation Programme met the expectations of nurses who have undergone the programme.

1.4.2 Research questions

Research questions were developed to provide answers to the research problem (Polit & Beck, 2017:85).

The following research questions directed the study:

- What is the meaning of being newly-appointed registered nurse having to undergo the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia?
- Does the General Nursing Orientation Programme meet the expectations of nurses who had undergone the programme?

1.5 SIGNIFICANCE OF THE STUDY

This study did provide valuable data on the perceptions of registered nurses regarding the General Nursing Orientation Programme and whether the orientation programme met the expectations of the newly appointed nurses. The study's findings can be used to evaluate whether the aims of the orientation programme were achieved, that is, to help nurses adapt to their work environment with ease and whether participation in the orientation programme enhanced nurses' skills and competencies. In addition, the findings can be used to improve the content and facilitation of the orientation programme. The views of the newly-appointed registered nurses who had undergone the orientation programme are considered valuable, and forethought will be given to the findings of the study when the orientation programme needs to be revised in future. The focus was on the newly-appointed registered nurse as the study was based on development and implementation of clinical skills which was needed in the clinical field where these nurses were placed to ensure competent and confident nurses that will enhance the delivery of quality nursing care and there would be less medication errors and thus, less law suits for the hospital. The organisation will benefit if the orientation programme is implemented and revised because the newly-appointed nurses will adapt to their new environment with ease and the retention rate of these nurses would be improved.

1.6 DEFINITION OF CONCEPT

1.6.1 Orientation programme

An orientation programme is a course that provides information to newcomers to an organisation (Oxford South African Concise Dictionary 2011:828). For this study's purpose, the "orientation programme" is the General Nurses Orientation Programme that newly employed nurses at the specific tertiary hospital undergo.

1.6.2 Perceptions

Perceptions are described as a way regarding, understanding, or interpreting something (Oxford South African Concise Dictionary 2011:873). For this study, perceptions are the views and opinions of newly-appointed registered nurses regarding the General Nurses Orientation programme.

1.6.3 Registered Nurse

A registered nurse is a nurse who is trained and qualified to render safe and quality health care to patients to achieve effective health outcomes, including the promotion of health, prevention of disease as well as to advocate for patients (Aldossary 2013:28). For this study's purpose, registered nurses are those nurses who were employed from January 2017 to December 2018 and who have undergone the General Nursing Orientation Programme. It is mandatory that all health care professionals are registered with the Saudi Commission for Health Specialities, and that they acquire a licensure which will permit them to practice in the country. In Saudi Arabia a registered nurse falls under the category of staff nurse.

1.7 THEORETICAL FOUNDATION OF THE STUDY

A theoretical framework guides research studies and forms part of the research tradition in which the study was embedded (Polit & Beck 2017:129).

1.7.1 Research paradigm

A paradigm is a perspective on the intricacies of the world. It defines the appropriate research method to be used by researchers. Paradigms for human inquiry often respond to basic philosophical questions concerning the nature of reality (ontology), the relationship between the researcher and participants (epistemology), the role of values in the study (axiology), and what methods were used to obtain evidence (methodology). The constructivist paradigm is based on subjectivity-based realities and values, which are unavoidable and attractive. It ensures that the perception and explanation of the participants are acknowledged. The interaction of both the researcher and participants is imperative (Polit & Beck 2017:9; 10; 11). In this study, the researcher used constructivist paradigm as a basis because she believes that each person creates their own reality. Hence, this study seeks to understand better the perceptions of registered nurses who had undergone the General Nursing Orientation Programme. The subject-based realities centre around the newly appointed nurses' perceptions regarding the general nursing orientation programme and whether the orientation programme met their expectations. Therefore, the researcher used a qualitative approach to conduct the study and the interviews were held in the natural setting.

1.7.2 Theoretical framework

The Adult Learning Theory was used as the theoretical framework for this study, also known as andragogy, and it was developed by Knowles in 1980. Andragogy recognises the needs and different learning approaches adults use to master learning (Kenner & Weinerman 2011:88). In andragogy, the focus is on the participation of the adult learner in a process to determine their learning needs, and they actively participate in achieving the goals set. Adult learners have the independence to select learning methods and materials that would be suitable for them to attain learning. Therefore, facilitators need to treat adult learners with respect and allow them to express their views (Kapur 2019). The researcher used this theory because the study participants were adults who were qualified and experienced registered nurses who had to be orientated to their new work environment. The experience of the registered nurse was based on three years of

knowledge and skills gained in their respective countries prior to being employed in Saudi Arabia. As stated in the advert and per protocols Saudi Arabia will only hire registered nurses who have attained a minimum of three years' experience post qualification. The critical care nurse will need to have a post basic qualification to work in an intensive care unit or in a trauma unit. The Adult Learning Theory consists of the following concepts, namely: self-concept, adult learner experience, the orientation of learning, readiness to learn and motivation to learn, the fifth assumption which was added by Knowles in 1984 (Pappas 2014). The researcher will next discuss these concepts as described by Knowles (1980; 1984):

Self-concept: According to Knowles (1980, cited in Pappas 2013), maturity brings about a change in an individual's self-concept from being reliant to that of a self-determined person. According to Pappas (2014), an adult learner obtains fresh information to successfully enhance their current knowledge if they are motivated to acquire knowledge independently. An adult learner benefits most from their life experiences if they are encouraged to work independently. This can be attained through either group work or a case study that requires facilitation. Adult learners are more task- and goal-directed than younger students; therefore, it is essential to develop learning strategies in such a way that adult learners may see the purpose of the exercise and how it will help them achieve their learning objectives (Kenner & Weinerman 2011:96). Hence, the registered nurses who attended the orientation received minimal directive from the orientation programme facilitators, and they were encouraged to function independently. These nurses were allowed to take charge of their learning and to accept responsibility for their learning, making use of the opportunities provided by the orientation programme to learn as much as possible to aid in them adapting to the new work environment.

Adult learner experience: According to Knowles (1984, cited in Pappas 2013), as an individual matures, he/she collects a copious amount of experience, which becomes their learning resources. In the context of this study, the newly appointed nurses who attended the orientation programme are diverse concerning their culture, backgrounds, and experiences. Therefore, it is imperative to provide various activities and teaching aids, as this aligns with the differences in their life experiences, while the teaching methods should

be experiential (Pappas 2014). Mature learners have prior knowledge and skills; therefore, they do not attend the orientation with a blank mind. They could easily engage their prior knowledge and experiences with the information acquired from the orientation programme (Mothokoa & Maritz 2018:3). In this study, the newly appointed registered nurses who had undergone the General Nursing Orientation Programme were experienced as a registered nurse and in their field of speciality and possessed knowledge and practical skills that they had acquired from their years of studying and experiences working as a nurse. They were, therefore, able to absorb and retain information at a quick pace.

Readiness to learn: According to Knowles (1984, cited in Pappas 2013) Maturity brings about individual readiness to learn which is attuned with the obligations of their social role, and as a person age, they become prone to move towards an experience that provides benefits of social development. They are prepared to face difficulties with the latest learning opportunities if it helps the learner improve that which relate to their social roles. The adult learner is inspired to utilise websites such as Google to expand on social networking and to cooperate with those who have similar interests (Pappas 2014).

Orientation to learning: According to Knowles (1984, cited in Pappas 2013), mature people's time perspective changes from a delayed application of knowledge to an immediate one. Mature learners require a rationale for topics they are being educated on before their active involvement. They are involved with their experiences that assist with critical thinking daily. Emphasis is placed on the subject matter that guides the adult learner to find solutions to issues promptly (Pappas 2013). The concept is applicable to those who attended the orientation programme as they were participants from various clinical areas.

Motivation to learn: According to Knowles (1984 cited in Pappas 2013), this fifth assumption was added in 1984 and it was assumed that as an individual matures, the motivation to learn is internalised. According to Pappas (2014), motivation is the key to adult learning. An adult learner requires an explanation for a course being taught and reasons why he/she must participate for the learning to take place. In this study, the participants understood the importance of attending the orientation since they started

working in a new environment and needed to know the policies and procedures that would guide their functioning in the new workplace.

1.8 RESEARCH DESIGN AND METHODOLOGY

For this study, an emerging qualitative approach was used to conduct the study. The researcher will only briefly describe methodology and research design used to conduct the study. In chapter three a detailed description of the research methodology and design will be provided.

Research designs are the plans put together to answer the research questions, while the research methods include the processes and tools used to collect and analyse the study findings (Polit & Beck 2017:735; 743). Phenomenology is a research design that reaches a climax in the core of the experiences whereby several participants experience the phenomenon (Creswell 2014:11). Descriptive phenomenological research incorporates a meticulous description of everyday life experiences. This involves the senses such as hearing, seeing, remembering, acting, and evaluating. Descriptive phenomenology has four steps, namely: bracketing, intuiting, analysing, and describing. Bracketing is determining and holding on to pre-planned ideas which could never be achieved fully. The process of intuiting takes place when the researcher remains open to the responses from the participants. This step progresses to the analysis phase, where vital information is retained. The third and fourth steps, namely: analysing and describing, are based on analysing the data collected and how researchers understand the phenomenon under investigation (Polit & Beck 2017: 471; 472). The researcher chose a descriptive design because it allowed the researcher to explore and describe newly appointed registered nurses' perceptions towards the General Nurses Orientation Programme and to also explore whether the orientation programme met these nurses' expectations.

1.8.1 Research setting

This study was conducted in a tertiary hospital in the Eastern region of Saudi Arabia (click on the link to open the map of the setting):

<https://maps.app.goo.gl/xrwUcefNA2qmdpqa9>

The tertiary hospital is a 300-bedded hospital with an occupancy of 85% that provides specialist care to the community in the following disciplines: medical, surgical, intensive care, obstetrics, radiology, and laboratory services. The hospital has an outpatient and emergency unit as well as a haemodialysis unit. Due to the shortage of qualified and specialised trained nurses in the organisation, the hospital recruit nurses from countries globally for a contract period of one year.

1.8.2 Study population and sampling

A study population is the entire set of individuals with similar character traits (Polit & Beck 2017:739). In this study, the participants were registered nurses appointed between January 2017 to December 2018 who had undergone the General Nursing Orientation Programme at a tertiary hospital in Saudi Arabia. A total of 449 registered nurses were employed at the tertiary hospital during the time of the study was conducted.

Purposive sampling is the deliberate selection of participants who can answer the research questions (Polit & Beck 2017:271). The purposive sampling method was followed to select participants because the researcher believed they had an experience of the phenomenon under study.

1.8.3 Data collection

Data collection refers to an accumulation of information that may be used to resolve a research problem (Polit & Beck 2017:725). For this study, a semi-structured interview guide was used to conduct individual interviews. The interviews lasted approximately 15–20 minutes and permission were granted by the participants to audio-record the interviews. To enhance the data collection process field notes were taken during all interviews.

1.8.4 Data analysis

Data analysis is a process of organising or constructing the information collected during a research study (Polit & Beck 2017: 530). The transcripts were read through several times

to get a clear understanding of what was happening. After reading through the transcripts the researcher started coding the data.

1.9 SCOPE OF THE STUDY

The study took place in only one tertiary hospital situated in the Eastern Region of Saudi Arabia. The participants comprised registered nurses who were newly appointed at the hospital from January 2017 to December 2018 and had undergone the General Nurses' Orientation Programme. Therefore, this study's findings cannot be generalised to other settings or other categories of nurses.

1.10 DELIMITATION

The study's delimitations were that only female, newly appointed registered nurses participated in the study, and the study took place in one tertiary hospital. Therefore, the results cannot be generalised to other categories of nurses or different settings.

1.11 ETHICAL CONSIDERATIONS

A research proposal, number HSDC/957/2020, was prepared and submitted to the Research Ethics Committee of the University of South Africa (Appendix F). Institutional consent to conduct the study (Appendix D) and approval of the study by the King Abdullah International Medical Research Center were obtained (Appendix E). In addition, consent was obtained from participants before data collection. The participants' rights were explained to them before participation, and a participation information sheet was given to them before data collection. Informed consent was presented as part of the consent process (Appendix A).

The ethical principles that guided the study will be discussed next:

1.11.1 The principle of respect for human dignity

The principle of respect demands that participants participate voluntarily in a research study, and adequate information should be given to them on the nature of the study as well as any risks involved in participation. Respect for the person requires that participants

be treated autonomously and that their vulnerability be protected (Christians 2000:140). Anonymity and protection of vulnerable participants' identity are important, and researchers must ensure that no names of participants are revealed in the research report. Participation was based on informed consent; hence the participants were informed of the nature of the study, the issues to be explored, how they were selected, and the risks and benefits of participation in the study. Participants were also assured of the confidentiality of the study and that they may withdraw from the study at any time without prejudice.

1.11.2 The principle of beneficence

The principle of beneficence requires that researchers secure the well-being of participants by avoiding harm and minimising risks to harm as far as possible (Christians 2000:140). The participants in the study were provided with all the relevant information about the nature of the study and their role. However, it was their choice to decide if they wanted to participate.

1.11.3 The principle of non-maleficence

According to Brink, van der Walt and van Rensburg (2018:29), the researcher needs to secure the well-being of participants. Participants have a right to be protected from discomfort and harm. If participants experienced any emotional distress, the researcher paused during the interviews to give the participants a chance to recover and only continued with the interviews if participants felt comfortable. Participants were also referred for counselling if they experienced emotional discomfort due to the nature of the questions posed. In this study, no participant required counselling.

1.11.4 The principle of justice

The principle of justice refers to participants' right to fair treatment as well as their right to privacy (Polit & Beck 2017:141). The researcher selected participants based on the requirements of the study and not based on their vulnerability. All data collected were treated with the utmost confidentiality, and participants' identity was also protected.

Participants were also informed that they could withdraw from the study at any time without any prejudice.

1.12 STRUCTURE OF THE DISSERTATION

The study was structured as follows:

Chapter 1: Orientation to the study

Chapter 2: Contextualising the study

Chapter 3: Research design and method

Chapter 4: Analysis, presentation, and description of the research findings

Chapter 5: Conclusions and recommendations

1.13 SUMMARY

This chapter covered the background information, the research problem, purpose and objectives of the study, research questions, significance of the study, theoretical framework, the research methodology and design used to conduct the study, as well as the scope of the study and structure of the dissertation.

In chapter two of the study, the researcher will discuss the literature relevant to the study.

CHAPTER TWO

CONTEXTUALISING THE STUDY

2.1 INTRODUCTION

The researcher reviewed pertinent literature to expand the knowledge on the phenomenon under study and provide the context in which the research problem exists. The review includes literature on the philosophical framework, different types of orientation programme, the aims and objectives of such orientation programmes, the advantages and benefits of such orientation programmes, the General Nursing Orientation Programme and revision of orientation programmes.

2.2 PHILOSOPHICAL FRAMEWORK

A qualitative phenomenological research design to conduct the study that focused on nurses' perceptions of the General Nursing Orientation Programme offered at a tertiary hospital and, exploring whether the orientation programme met these nurses' expectations. A social constructivist paradigm was used to conduct the study. Appointees may have several actualities of the orientation programme planned for them within real-life situations based on their experiences. As a social constructivist, the researcher assumed that nurses' perceptions and expectations regarding the General Nursing Orientation Programme were different and were embedded in the subjective meanings of the perception of each nurse who underwent the orientation programme. Social constructivism teaches that all knowledge develops as a result of social interaction and language use and is therefore a shared, rather than an individual experience. Knowledge is additionally not a result of observing the world, it results from many social processes and interactions. Constructivist learning attaches much meaning to the process of learning as it does to the acquisition of new knowledge. In other words, the journey is just as important as the destination.

2.3 ORIENTATION PROGRAMMES

The fundamental rationale for organisation to implement an orientation is to assist new employees to acknowledge the organisation's strategies, policies, and procedures since this is indeed a remarkable period to educate new employees about safe workplace practices (Cuddy 2015:11).

The purpose of orientation programmes is to prepare newly hired staff for their new work environment by ensuring that they receive the pertinent information to be effective in their respective positions and become self-efficient and safe service providers.

During orientation, new employees are shown where to park or get office equipment, which helps them adapt with ease to their new work environment. It makes them feel welcome, especially on the first day (Wallace 2009: 87: 168).

A successful orientation programme alleviates anxiety, provides staff with relevant information and knowledge, and teaches them the necessary skills to do their job. New staff members become optimistic and productive because they can perform their newly allocated duties as required (Larson 2012:2), causing them to settle in their new working environment with ease (Klein 2009:10).

2.3.1 Different types of orientation programmes

The literature describes different orientation programmes that aim to help newly employed staff members to adapt to their work environment (Sandau & Halm 2010:184; Klein 2009:10).

The following is a brief description of the different orientation programmes and their advantages:

- **The Mentor-based orientation programme**

Mentor-based orientation programmes are evidence-based practices that enrich newly hired nurses' proficiency to provide quality and safe patient care and ensure staff and

patient satisfaction (Sandau & Halm 2010:184). A mentor is genuine, warm-hearted, sincere, and compassionate and is appointed based on the staff member's experience, personality and ability to be proactive in their career (D' Angelo 2018:2). A mentor should be able to establish a support system that fosters a caring and compassionate working environment for the development of new staff. Coaching and embracing the new staff are indispensable as this promotes the professional and personal development of staff. Hence, it favours self-determination and complacency (Morgan & Rochford 2017:2).

The role of a mentor is to be influential in grooming newly appointed staff members such as nurses to be efficient, safe practitioners. This is achieved by tutoring, supporting, and coaching the newly appointed nurses to aid their personal and professional development (LaFleur & White 2010:305). According to D' Angelo (2018:1; 2), a mentor helps staff recognise, avoid, and deal with problems. A successful mentor-mentee relationship is formed when the mentee is comfortable in the mentor's presence while the mentor provides guidance and direction to the mentee.

The execution of a mentor-based programme is based on evidence-based practices and results in positive patient outcomes (Stavrianopoulos 2012:392). Well-planned, structured mentor-based orientation programmes have many advantages that aid in retaining staff as it promotes a collaborative learning environment in which the staff experience psychological and physical safety (Edwards, Hawker, Carrier & Rees 2015:1254). Also, mentor-based orientation programmes enhance staff optimism, increasing job satisfaction because mentors instil a positive learning culture in organisations (Jones 2016:13). Therefore, a trained mentor must work closely with the newly hired staff, acting as a role model (Fox 2010:311) to empower recently employed nurses to become efficient and enthusiastic about their new jobs (Sandau & Halm 2010:184).

- **The preceptor-based orientation programme**

A preceptor-based orientation programme is defined as a programme where the preceptor assists newly hired employees to achieve the fundamental and unit-specific skills and become acquainted with the clinical environment's policies and procedures. A preceptor-based orientation programme suggests that the preceptor works closely with

the new staff for at least one month. During this period, the preceptor ensures that the new staff members become familiar with the unit-specific policies and procedures, the patients, doctors, and the unit's culture (Sandau & Halm 2010:184). Efficient preceptors must be in the clinical areas to develop competent staff members, stimulate socialisation to make them feel at ease, and inspire critical thinking (Klein 2009:10). Preceptors play an essential role during orientation; they assist new employees with applying knowledge to promote the employee's practice, ensuring a positive climate, hence staff proficiency (Giroto, Enns, De Oliveira, Mayar, Perotta, Santos, & Tempski 2019:203). Therefore, preceptors must be enthusiastic and loyal to the organisation because they need to help introduce new staff to their respective units in the clinical settings (Klein 2009:10). Hence, it becomes crucial to select preceptors who are committed to enhancing the orientation programme's effectiveness (Marcum & West 2004:118). Preceptors should attend workshops and seminars for professional development at the organisation where post-workshop exercises and scenarios are given to complete in the form of a workbook to enhance the workshop's information. According to Sandau and Halm (2010:184), new employees' skills and knowledge are improved through a preceptor-based orientation programme. In turn, skills and knowledge are improved, while job satisfaction levels improve. The buddy system is adopted in organisations where the new employee is allocated to an experienced and competent staff member, such as with nurses.

- **The competency-based orientation programme**

Competency-based orientation programmes are defined as a teaching method that is mainly utilised for the acquisition of authentic skills (Lischer 2019:5). Competency-based orientation programmes are result-orientated, and the aims are to assess the achievement of trainees on applying knowledge to mastery of skills in the clinical setting. It is based on the capability to correlate theory and practice, that is, theory and practice. The teaching method usually used in the competency-based orientation programme is demonstration and return demonstration (Lischer 2019:21).

Principles of competency-based orientation

- Competencies are the key to the programme, promoting professional development and contributing to a standard of excellence.
- People are individuals; therefore, they will acquire and absorb information at different rates.
- Essential learning resources should be available and accessible for the learners to use at their own pace. Once the learning resources are obtainable, it is imperative to monitor the effectiveness of resources and to assess the learners' progress on the appropriate competencies.
- The correlation of competencies to learning resources and evaluations are precise. The programme must be well-planned in the early stage, and experienced educators must be allocated to each stage, promoting the programme's success.
- Assessments should be accurate, reliable, and developed on a proficiency level. Once the assessments are created, they undergo pilot testing to detect any problems that may arise (Johnstone & Soares 2014:15–16).

2.3.2 Aims and objectives of orientation programmes

The purpose of developing an orientation programme is to enable newly appointed staff such as nurses to adapt to their new working environment (Chacko 2016:35; 36). Orientation programmes inspire freshly employed staff and enhance their efficiency. Orientation programmes are also developed to increase awareness about the resources available in an organisation that will promote learning. A successful orientation programme aims to generate adequate support, improve nursing practices, and reduce the cost of collaboration with team support from nurse managers, nurse educators and preceptors (Ragsdale & Mueller 2005:268).

2.3.3 Advantages of orientation programmes

A well-organised, successful orientation programme produces inspired and self-directed staff, bold and courageous nurses who are retained in their job (Kokemuller 2017:1).

Advantages and benefits of orientation programmes

- It increases employee productivity: Employees will adapt to their workplace with ease if they are informed about the organisation's standards and policies before commencing their clinical duties. They become superlative, therefore, will adjust easily (Kokemuller 2017:1).
- It promotes teamwork: Orientation programmes consist of activities whereby employees working in the same unit or who are of the same nationality can meet and establish a rapport (Kokemuller 2017:1). Thus, support groups are established: and new staff support each other, resulting in a decrease in loneliness, anxiety, and increased motivation.
- Commitment to employees: Orientation programmes incorporate a formal session in which the organisation's director addresses the new staff. This provides a warm welcome to the team, causing them to feel valued and important (Kokemuller 2017:1).
- It avoids confusion: The orientation programme serves as a guide for nurses to grasp the concepts of the organisation's mission, vision, and standards. This creates a clear picture of the organisational culture before commencing duties in the clinical area. It serves as preparation for the new staff to function optimally in their new workplace (Kokemuller 2017:1).
- An inspiring orientation programme produces self-assured and buoyant staff members (Edwards et al. 2015:1254).
- Orientation programmes are essential as it promotes efficient and motivated staff with improved self-esteem. Hence cost-effectiveness of the organisation is maintained as it decreases employee turnover rate (Kiel 2012:302).

2.4 NURSE ORIENTATION PROGRAMMES

Nurse orientation programmes are essential for all newly employed staff to attend so they can become acquainted with the organisation's structure and culture. Attending orientation ensures that staff adapt easily and quickly to the new environment, reducing fear and anxiety (Park & Jones 2010:142). Andragogy and an all-stimulating approach are integrated into nurses' orientation programmes to allow for learning to take place. This

stimulates the staff to share their experiences and allows for sessions to be presented at the right pace to enhance the absorption of information that can be applied in practice (Cuddy 2015:12).

2.4.1 Essential components of a general orientation programme

According to Cline (2013:1), there are five essential components of a nursing orientation programme:

- Preparation: The programme should be instructive, emphasising the selection of clinical experts who can assess the newly appointed employees' ability to deliver safe patient care.
- Incorporation: A warm welcome is vital, and the new staff are integrated into the team to make him/her feel comfortable. Preceptors play a role in developing the new employee, and so does the manager of the department. The manager inquires on a regular informal basis about how the new employee is coping.
- Goal-directed precepting: The aim is to complete competencies as required per programme with the assurance of competent and confident staff. Benner's Model of Clinical Competence from novice to expert (Benner 1982) is usually adopted. The new staff members are initially assessed on the essential competencies progressing to the complex competencies, and they are provided with the relevant resources as preparation before the competency evaluation. Integration of knowledge with skills is crucial to be declared competent.
- Direct and timely two-way feedback: A meeting is held at least twice a month to determine the new staff members' progress. The staff members are allowed to verbalise her/his concerns. Constructive criticism is given by the manager with suggestions for improvement of competencies when needed, and praise is given to the staff members who are performing well, enhancing their personal and professional development.
- Ongoing Support: A buddy system is adopted whereby the staff receive sustained support and the employee feels valued and appreciated, increasing their commitment to the organisation.

2.5 THE GENERAL NURSING ORIENTATION PROGRAMME

The General Nursing Orientation Programme was implemented in 2012 at a tertiary training hospital in Saudi Arabia. The General Nursing Orientation Programme was revised in 2017, and mandatory competencies that had to be completed by new staff members were included in the programme. Before 2017, new members of staff were evaluated by senior clinical staff or their preceptors in the clinical areas. After consensus was reached, a decision was taken by the nursing education staff that all newly appointed staff members should be assessed on the mandatory competencies before commencing their clinical area duties. Such an assessment would ensure that the new staff member became familiar with the organisation's policies and procedures; hence, preparing the staff member to adapt to the clinical area with ease.

The mandatory competencies included competencies on which all nurses had to be evaluated. The competencies covered physical assessment, fall assessment, wound management, blood transfusion, intravenous therapy, and insulin administration. The nursing education department facilitated the orientation programme and emphasised the importance of theory and practical correlation in completing competencies before the new staff members were deemed competent. All staff were evaluated using Benner's Model of Clinical Competence (Benner 1982). It was imperative to explore nurses' perceptions and expectations towards the orientation programme to determine the impact this programme had on newly employed nurses adapting to their new work environment (General Nursing Orientation Programme 2012). The teaching styles that the presenters adopted during the orientation programme varied from lectures, group discussions, demonstration as well as return demonstration.

2.5.1 The Objectives of the General Nursing Orientation Programme

The objectives of the General Nursing Orientation were to:

- demonstrate through the nursing education department that every new employee who joined the organisation was valued.

- define work assignments, roles, and responsibilities within the job description of new employees.
- create awareness among new staff members on available resources (General Nursing Orientation Programme, 2012).

2.5.2 The Content of the General Nursing Orientation Programme

The orientation programme ran over a period of two weeks, except over weekends. The content of the programme was divided into a didactic and a practical component. Thus, for the theoretical/didactic component, discussions and lectures were used, and for the practical component, the demonstration method of the competencies was used. One facilitator participated in the orientation programme who had to attend to all the logistics pertaining to the orientation programme. Further, the facilitator had to ascertain that all newly hired staff received the agenda for the orientation programme in advance, booking of a suitable venue, and timeous starting of each session, thus the smooth running of the orientation sessions. The physical and psychological safety of each new staff member had to be maintained throughout the orientation programme.

Various topics are covered over ten days during the orientation, including ethics in nursing; informatics; flu vaccination; cultural diversity; patient assessment; risk management; administration of medication; venepuncture; waste management; infection control; intravenous therapy; blood and blood product; crash cart and Life Pak; basic life support; point of care testing; wound care; management of spills; manual handling and safe lifting; and demonstration of competencies. During the last two days, the staff were evaluated on the mandatory competencies (General Nursing Orientation Programme 2012).

2.5.3 Evaluation of mandatory competencies

Benner's Model of Clinical Competence (Benner 1982) was used to evaluate the competencies. This model is described as one of the most suitable and appropriate conceptual frameworks, which is imperative for nurses' professional education. It is significant for the nurse's practice to evolve from novice to expert (Benner 1982:402).

The following is a brief explanation of clinical competence from the level of novice to expert according to Benner (1982:403–405):

- Novice: A novice nurse may be new to the nursing profession. Although he/she may possess theoretical knowledge, there is a lack of practical experience. Therefore, the novice will require guidance from an experienced staff member.
- Advanced beginner: These nurses possess minimal practical experience; hence they require support from a skilful nurse. An advanced beginner is also unable to make decisions or prioritise patient care and are not multi-skilled.
- Competence: A competent nurse is regarded as one who has worked in the clinical area for a minimum of two years. Such nurses can correlate theory with practice and can cope with duties in the clinical area with ease. They are generally confident and efficient; therefore, they can prioritise patient care and make decisions keeping patient safety and delivery of quality nursing care in mind.
- Proficient: To be regarded as a proficient nurse has approximately three years of clinical experience and can cope with demanding and challenging situations.
- Expert: A nurse on the expert level can make decisions of high priority and high value, involving critical and reflective thinking.

In the organisation where the study was done, Benner's Model of Clinical Competence (Benner 1982) was adopted to assess all staff to determine their level of competence and ensure that they were safe health care practitioners who could deliver quality patient care.

2.6 EVALUATION OF AN ORIENTATION PROGRAMME

Evaluation of an orientation programme is vital as it generates data that enhances the programme content, identifying gaps that enable managers to make adjustments, and amendments once comments are received from those who participate in the orientation (Cuddy 2015:52). Thus, an evaluation of an orientation programme ensures that staff receive pertinent information about the organisation's vision, mission, policies and, procedures as well as their practice area, which enhances confident and competent staff

members who become loyal to the organisation resulting in the retention of nurses (Murphy & Janisse 2017:583). Thus, organisations save on recruitment costs.

2.7 SUMMARY

This chapter's literature review included literature on the philosophical framework, orientation programme, different types of orientation programmes, aims and objectives of orientation programmes, advantages and benefits of orientation programmes, and evaluation of orientation programmes. In addition, the General Nursing Orientation Programme was described.

The researcher will discuss the research methodology and research design in the next chapter.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter deals with the research design and methodology used to reach the objectives of the study. In addition, issues of trustworthiness as well as ethical consideration are discussed.

In qualitative studies, the purpose statement includes the phenomenon, the participants, and the study setting (Polit & Beck 2017:75). The intent of this study was to gain an insight into the perceptions held by newly appointed registered nurses on the General Nursing Orientation Programme and to determine whether the orientation programme met the expectations of these nurses.

The study objectives were:

- To explore what the meaning was of being a newly-appointed registered nurse having to undergo the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia.
- To explore whether the General Nursing Orientation Programme met the expectations of nurses undergoing the programme.

Research questions provide answers to the research problem (Polit & Beck 2017:85).

The following research questions directed the study:

- What is the meaning of being newly-appointed registered nurse having to undergo the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia?
- Does the General Nursing Orientation Programme meet the expectations of registered nurses who have undergone the programme?

3.2 RESEARCH DESIGN

It is necessary to accord a suitable framework for a study. Pivotal choices regarding the research approach were made, which guided the researcher in collecting pertinent data for the research (Sileyew 2019:3). A researcher who wants to do qualitative research can choose from various approaches, namely phenomenology, grounded theory, ethnography, and case study designs (Polit & Beck 2017:53–54). For this study, the researcher used a descriptive phenomenological approach because it allowed the researcher to explore the registered nurses' lived experiences of the phenomenon under study.

Next, a brief description of the concepts explorative, descriptive, and contextual will be provided.

3.2.1 Dimensions of the Research Design

3.2.1.1 Explorative

Exploring phenomena is the main aim of qualitative studies, especially when little is known about the phenomenon under study or before a quantitative study is conducted (Green & Thorogood 2018:18). An explorative design is a process of exploring an issue to gain a deeper insight into a phenomenon. The researcher can explore the essence of the participants' impediments, and it is crucial to present comprehensive and meticulous data (Grove, Burns & Gray 2012:370). In this study, the researcher utilised face-to-face interviews to examine newly appointed nurses' perceptions of the General Nursing Orientation Programme and determine whether the orientation programme met nurses' expectations. The aim was to obtain rich, thick data which could help answer the research questions.

3.2.1.2 Descriptive

Descriptive research is defined as research that generally aims to depict the precise portrayal of an individual's personality traits in keeping with the circumstances (Polit & Beck 2017:726). A qualitative descriptive design can allow researchers to move beyond

the literal description of the data and attempt to describe the findings according to the participants' viewpoints (Bradshaw, Atkinson & Doody 2017:3). Therefore, the researcher used a descriptive phenomenology design to investigate the nurses' perceptions and expectations concerning the General Nursing Orientation Programme offered at a tertiary hospital. The researcher chose this design because she believed that participants have experienced the phenomenon under study and will therefore provide thick descriptions that will aid in answering the research questions. The researcher allowed the participants to describe their perceptions pertaining to the General Nursing Orientation Programme using a semi-structured interview guide.

3.2.1.3 Contextual

A contextual design deals with monitoring people's behaviour and conducting research about people in their familiar surroundings. Studies are conducted in a conducive environment in which participants feel comfortable and willing to share their experiences. It involves a survey of a small group of participants who are monitored carefully to get a better understanding of people's thoughts and behaviour (Salazar 2020). This study was based on the perceptions and expectations of newly appointed registered nurses towards the General Nursing Orientation Programme that they attended within a tertiary hospital as part of the onboarding process. The researcher had the opportunity to conduct the interviews within natural settings. Thus, interviews were conducted in a familiar environment that allowed the phenomenon to be studied in the immediate context of participants' work environment.

3.2 2 Descriptive phenomenological design

The phenomenology research design originated from both the disciplines of philosophy and psychology. It focuses on the meaning of humans' lived experiences. In this case, it allowed the researcher to understand better the context in which people experience their everyday life. The phenomenological researcher seeks to answer questions that ask about the significance of a phenomenon experienced by participants. The phenomenologist speculates that there is a crucial invariant structure that could be

understood, and reality is grounded in everyday experiences of how people perceive, see and hear things.

The phenomenological design involves four steps: bracketing, intuiting, analysing, and describing (Polit & Beck 2017:465; 471). The researcher decided to use this design because it focused on describing people's conscious experiences of everyday life (Polit & Beck 2017:471; Mutua 2015:22–27). The researcher attempted to enter the participant's world to better understand their experiences, using individual interviews, after undergoing the General Nursing Orientation Programme (Polit & Beck 2017:471).

The following is a brief description of the four steps in descriptive phenomenology employed by the researcher: bracketing, intuiting, analysing, and describing.

- **Bracketing**

Bracketing is a methodological tool that requires the intentional setting aside of one's core values regarding the study (Chan, Fung & Chien 2013:3). Through the process of reflexivity, the researcher had to block any biases or preconceived ideas she might have had on the topic that is covered. (Polit & Beck 2017:179). The researcher had to identify the newly appointed registered nurses' opinions and expectations regarding the General Nursing Orientation Programme but had to put aside the information she had about how staff who previously attended experienced the orientation programme. Through a process of bracketing any preconceived ideas and biases the researcher written it down through a process of reflection. To ensure the trustworthiness of the study the researcher used an external person to co-code the data.

- **Intuition**

Intuiting is an irrational, unconscious type of knowing (Hassani, Abdi, Jalali & Salari 2016:65). It is step number two in descriptive phenomenology and happens when a researcher remains open to whatever participants share about their lived experiences (Polit & Beck 2017:472). A set of open -ended questions was used to conduct interviews to obtain copious data from participants about the phenomenon under study. The

researcher remained open to the information provided by the participants since they experienced the phenomenon under study.

- **Analysis**

The analysis is an approach that includes coding for the fundamental explanation of phenomenology. The researcher followed the process of reading and rereading the interview transcripts and putting together the aspects that affirmed the research question's significance (Creswell 2014:197). After all the interviews were conducted it was transcribed and categorised and the researcher then tried to make sense of the data by coding it into themes and sub-themes.

- **Describing**

During description, the researcher begins to understand the phenomenon under study and allows participants to explain their lived experience through data collection (Polit & Beck 2017:472). It is a crucial step of phenomenology where an interpretation of the study findings is performed by the researcher (Greening 2019:90). The findings were described in a manner that made sense refer to chapter four.

3.3 RESEARCH METHOD

Research methods guide the research process in a structured way (Polit & Beck 2017:743). The researcher conducted this study from a constructivist worldview since the researcher believed that each person experiences everyday reality differently. Hence, the researcher interacted with the participants to reach research objectives, the researcher interacted with the participants. The study's findings were the product of interactive processes that occurred between the researcher and the participants.

3.3.1 Sampling

The study setting, population, sampling, and sample size will subsequently be described.

3.3.1.1 The study setting

This study took place in a tertiary hospital situated in Al Hasa, Saudi Arabia. The researcher chose this hospital because the phenomenon under study is present in this setting. The hospital was completed and had been functioning since 2002, providing care to the citizens of the Eastern Region in Saudi Arabia. The hospital has 300 beds with 85 per cent occupancy. The hospital offers comprehensive care to medical and surgical patients. The hospital also has units for obstetrics and gynaecology, labour, and delivery, paediatric, a neonatal ICU, an adult ICU, a cardiac care unit, an emergency section, an oncology unit, haemodialysis, outpatients, an operating room, a pharmacy, a radiology section, and a nursing education department. The nurse-to-patient ratio was 1:6. Different categories of nurses were recruited internationally as there was a shortage of nurses at the hospital. Although international nurses constituted the dominant culture, an increasing number of nurses from Saudi Arabia graduated and took on positions in various speciality areas in the hospital.

3.3.1.2 Study population

A study population is the entire set of individuals with similar character traits (Polit & Beck 2017:739). The target population was newly appointed registered nurses employed at the tertiary hospital from January 2017 to December 2018. The researcher chose this population because the participants could share their experiences regarding the phenomenon under study and answer the research questions. There is a total of 449 registered nurses employed by the hospital at the time of the study. The experience of the registered nurses was based on three years of knowledge and skills gained in their respective countries prior to being employed in Saudi Arabia. As stated in the advert and per protocols Saudi Arabia will only employ registered nurses who have attained a minimum of three years' experience post qualification. The critical care will need to have a post basic qualification to work in an intensive care unit or in trauma unit. The registered nurses were recruited from South Africa, Philippines, Malaysia, Ireland, Australia, and Saudi Arabia.

3.3.1.3 Sampling and sample

Polit and Beck (2017:743) define sampling as the process of selecting a portion of a population to represent the whole population. Purposive sampling is described as the researcher's judicial decision to choose suitable participants for the study (Polit & Beck 2017:741). Thus, for this study, the researcher used the purposive sampling method to help with the selection of the participants. The researcher believed that the participants had in-depth knowledge of the phenomenon under investigation and would share their opinions and views on the General Nursing Orientation Programme and whether the orientation programme met their expectations. According to Polit and Beck (2017:743), a study sample is a subset of the population included in a study. Utilising descriptive phenomenology research design guided the researcher to select the population from a sample that provided rich information on the phenomenon under investigation

3.3.1.4 Ethical issues related to sampling

Below are ethical issues about sampling, including voluntary participation, informed consent, anonymity, and confidentiality.

- Voluntary participation: It is pivotal that individuals participate in a research study without duress. It was communicated to participants that they may withdraw from the study at any time without prejudice. They are entitled to be apprised of the results of the research (Vanclay, Baines & Taylor 2013:244).
- Informed consent: An informed consent incorporates the execution of procedures when humans are involved (Hesser-Biber 2016:63). The participants should be informed about the nature of the research study, and they should receive informed consent forms before data collection, at which stage they should be encouraged to read the document. Upon agreeing with the information provided on the informed consent, they should sign, which action denotes that they agree to participate in the study (Appendix A).
- Confidentiality: Data collection should be done in a private space; it is the responsibility of the researcher to safeguard the participants of the study and their

identity (Fleming 2018:315). The editor and co-coder needed to commit themselves by signing a confidentiality agreement that all information pertaining to the survey will be kept confidential. Pseudo numbers were used so that the data collected should not be linked to participants. The research findings will be published in accredited journals which could be used to identify any participant or the institution where the research was conducted.

Criteria used to select the participants:

Inclusion criteria:

- Registered nurses within age range of 31 and 50 years who were employed during the period of January 2017 and December 2018.

Exclusion criteria:

- Registered nurses younger than 31 and older than 50 years who were employed during the period January 2017 and December 2018 were excluded from the study.

The sample was selected from the eighty-one nurses who were employed from January 2017 to December 2018. The sample size was determined by the inclusion criteria, the willingness of nurses to participate, and data saturation. For qualitative studies, sample sizes do not have to be significant because rich information will be collected until a point of data saturation. The researcher believed that the phenomenon was present among the participants. However, data was collected until data saturation was reached. According to Faulkner and Trotter (2017), data saturation is defined as a point in research where no new data is identified in the study, that is, the data collection produces the same results.

Twelve females participated in the study, registered nurses and the age ranged from 31 to 50 years. However, the age of one participant was unknown because she was not comfortable revealing her age. The participants were employed since January 2017 at the tertiary hospital. A total of eighty-one nurses of different categories attended the orientation programme between January 2017 and December 2018. A total of fifteen registered nurses fitted the inclusion criteria. However, only twelve nurses were interviewed for the study because data saturation occurred; that is, no new ideas

emerged. The participants worked in various disciplines within the hospital, including the medical and surgical segments, the step-down unit, the neonatal ICU, the emergency unit, haemodialysis, and the nursing education department (see Table 3.1).

Table 3.1: Description of participants

Participant number	Gender	Age	Date of Employment	Date of orientation	Discipline /area working in
1	Female	33	January 2017	February 2017	Haemodialysis
2	Female	40	June 2017	July 2017	Surgical
3	Female	46	July 2017	July 2017	Male (step-down)
4	Female	29	September 2017	October 2017	Surgical
5	Female	50	December 2018	January 2018	Neonatal ICU
6	Female	46	January 2018	February 2018	Emergency room
7	Female	31	March 2018	April 2018	Neonatal ICU
8	Female	unknown	June 2018	July 2018	Medical
9	Female	36	July 2018	August 2018	Male (Step-down)
10	Female	44	July 2018	August 2018	Nursing Education Department
11	Female	40	October 2018	November 2018	Surgical
12	Female	37	November 2018	December 2018	Neonatal ICU

3.3.2 DATA COLLECTION

In qualitative research, data collection ensures a greater level of understanding of the participants' experiences in a study. Data collected via interviews or focus groups can be defined as rich and comprehensive (Barrett & Twycross 2018:1). Adequate and thick-rich data were obtained during individual interviews, including probing when the interviewer was not satisfied with the participant's response. The interviewer had the opportunity to observe each participant's verbal and non-verbal cues and recorded that through field notes. The disadvantages of interviews include the issues of the time: It is time-

consuming as a significant amount of preparation is required. Further, it may be costly as personnel are needed, and the interviewer's type is crucial as it is vital to ensure good quality of the interviews (DeFranzo 2014).

3.3.2.1 Data collection approach and method

Data collection protocol is defined as the formal procedure researchers develop to guide data collection in a standardised way (Polit & Beck 2017: 725).

According to Barrett and Twycross (2018:1), different data collection approaches can be used in qualitative research as indicated below:

- Interviews are described as a formal but simple method of collecting information based on a phenomenon. The interview was modified to the research question's relevance; the interviews were semi-structured, and this involved a conversation individually with those who were eager and willing to share their experiences (Barrett & Twycross 2018:1).
- Focus group interviews are another method that can be used to collect qualitative data, and a group comprises of 6 to 12 people. Focus groups intend to collect data from many people in a homogenous group simultaneously, exchanging valuable information (Barrett & Twycross 2018:1).
- Observation is an effective method of gathering data from the participants via verbal and non-verbal communication. The researcher observes participants closely in the research area, giving the researcher an accurate impression of what is happening (Barrett & Twycross 2018:1).

The data for this research study were collected through face-to-face interviews using a semi-structured interview guide (Appendix B). The interviews were audio-recorded with consent from participants, and the researcher also took field notes during interviews (Appendix K). Interviews lasted approximately twelve to fifteen minutes and were transcribed verbatim. The privacy of the participants was respected. In this study, data collection and analysis took place simultaneously.

3.3.2.2 Development of the data collection instrument

In preparation for data collection, the researcher developed a study protocol that guided the research study. The development of an interview guide is stipulated as set out below according to Roulston (2018:3):

- It is imperative to recognise the participants who will contribute thick, rich data to the study.
- Choose a suitable interview format that could be structured or semi-structured. A semi-structured interview allows the participants to express themselves, as open-ended questions are used.
- Focus on one question at any one time.
- Arrange the interview questions from complex to simple.
- Ask open-ended rather than closed-ended questions.
- Start with an ice-breaking question as this will develop a good rapport and assure that the interview is conducted without any issues.

The researcher used the theoretical framework, related literature, and the objectives of the study as a guide to developing the interview guide.

A pilot interview has a specific design feature and is conducted on a small scale to assess the interventions' safety. It is essential for the equality and efficiency of the main study (Junyong 2017:601). A pilot interview is conducted with participants to determine the effectiveness and relevance of the interview questions. Pilot interviews are done to determine if a large-scale study will be successful (De Vos, Strydom, Fouche & Delport 2011:144). In this study, a pilot interview was conducted with two female registered nurses who had attended the General Nursing Orientation Programme to test the interview guide, but they were not part of the main study. The pilot interview was effective regarding duration, process, and feasibility, so there was no need to amend the interview guide. The pilot interview findings were generally that the nursing orientation programme was effective; however, the participants were overwhelmed with the information.

Participants requested the practical sessions to be increased, and the importance of a correlation of the theory to their clinical setting was emphasised. The data obtained from the pilot interview was not included in the results of the study.

3.3.2.3 Characteristics of the data collection instrument

The researcher used the theoretical framework and related literature to develop the interview guide. It consisted of two parts, namely Section A which collected demographic information. Section B that comprised of three open-ended questions that aimed to get the research questions answered while probing was done where necessary (Appendix B).

3.3.2.4 Data collection process

Gaining access to participants was one of the most critical tasks that the researcher had to consider during the study's design. After ethics approval from the Health Studies Ethics Review Committee, with Certificate No 012714-039, was obtained (Appendix F), institutional consent to conduct the study (Appendix D) was obtained. Approval of the study by King Abdullah International Medical Research Center is appended (Appendix E). The researcher requested the institution's human resource manager to compile a list of names and contact numbers of prospective participants from the Nursing Shareware in the Nursing Education Department who were employed from January 2017 to December 2018 and who fitted the study's inclusion criteria. The human resource manager handed the list to the different unit managers who helped recruit the participants. The researcher organised a meeting with the unit managers to discuss the study's nature, purpose, and benefits. The unit managers were asked to address potential participants in their respective units as per the human resource manager's list. The unit managers addressed potential participants using the participants' information leaflet (Appendix A). After that, the unit manager provided the researcher with a list of potential participants interested in participating in the study. A meeting was arranged with the potential participants to explain the study's nature and their role to gain their cooperation and establish rapport. An appointment was made with those nurses who showed interest in the study. The unit managers and the researcher agreed on dates for interviews, and

he/she was asked to identify a room that could be used. The interviews were held at a time convenient for participants and the unit and in a suitable, conducive venue. Informed consent was signed before conducting the interviews.

The different data collection tools and process used will be discussed next.

- **Interviews**

The researcher conducted individual interviews using a semi-structured interview guide (Appendix B). The interviews were undertaken in the workplace of the participants, where they participated in the orientation programme. Before commencing with the interviews, the researcher ensured that participants were comfortable, making the interview process more relaxed so that participants would express their thoughts and feelings freely. Relevant documents were also prepared in advance. The researcher explained the purpose of the study and the interview duration and obtained consent to record the interviews. Participants were reassured that confidentiality would be maintained, and consent was obtained before the commencement of all the interviews. The interviews were conducted in the boardroom or manager's office depending on which location was available.

Conducting the interviews:

It was crucial to ensure that the recording devices were functioning. The audio -recorder was tested prior to the interviews. The researcher requested an independent person who was not part of the study to monitor how the interviews were conducted, the person had to sign a confidentiality agreement. The researcher established rapport, and interviews were conducted privately, with minimal noise and disturbance. The participants were made comfortable to ensure a relaxed atmosphere. The interviews were conducted in a guided conversation meaning that the next question posed depended on the response from participants, and only one question was posed at a time, with adequate time given to the participants to answer each question. The researcher ensured that effective non-verbal communication was maintained throughout the interview (eye contact, nodding of the head, and agreeing while the participant responded to the questions). Field notes were taken on everything heard and seen. The participant was protected from harm by

not asking questions that would embarrass them. The questions were posed depending on the participant's previous response, and probing was done in situations where clarity was needed. Participants were given time to reflect before they answered questions. There were interruptions during some of the interviews. The interruptions were caused by nurses entering the boardroom to get information regarding patients from the participants, phones, and patient bells ringing. However, to overcome these disturbances, the researcher would then pose the question again to make sure the participants could focus again. The interviews lasted approximately twelve to fifteen minutes and were conducted in March 2021 over a four-week period. Interviews were conducted with nurses working in the medical unit, surgical unit, haemodialysis, emergency room, neonatal ICU, and nursing education department. Data saturation refers to the stage when researchers cannot obtain new data during data collection (Faulkner & Trotter 2017:1). The data for this study was collected until no new ideas were generated.

Post-interview procedure:

After the interviews, it was fundamental that the researcher showed her gratitude to the participants by thanking them for participating in the study. The researcher reassured participants that their identity would be kept confidential. Participants were given opportunities to ask questions. The audio-recorder was checked to determine if the interviews were recorded. A copy of one interview transcript is included (Appendix L). After the interviews were transcribed, the researcher realised that there were gaps in the data and had follow-up telephonic conversations with three participants. Follow-up interviews with three participants was done as gaps were noted in the data. The participants no longer worked at the hospital and telephonic interviews were conducted. Telephonic consent was from obtained from each participant prior to the telephonic interviews and the reasons for the follow -up was explained to them. The participants had to identify themselves before commencement of the interviews. The data obtained was included in the results of the study.

- **Field Notes**

In order to provide details of what happened during the interviews, field notes were taken. Field notes are notes that are documented by researchers during fieldwork or interviews. Such notes focus on the behaviour and activities in the field during data collection (Schwandt 2015). According to Polit and Beck (2017:521–522), the two different field notes that can be kept is reflective and descriptive. Descriptive field notes refer to the unbiased explanations of occurrences, data and activity in the field and should be comprehensive and thorough. Reflective field notes reveal the researcher's personal experiences, which emphasise the thoughts and feelings. For this study, the researcher used descriptive field notes. The researcher monitored the verbal cues and the non-verbal cues, such as the emotional behaviour, which helped the researcher understand what the participants meant (Appendix K).

3.3.2.5 Ethical considerations related to data collection

Ethics refers to adhering to legal and professional obligations by protecting the participants in a research study, ensuring no physical or psychological harm is inflicted upon them (Polit & Beck 2017:727).

The following are the ethical considerations related to data collection:

- **Protecting Human Subjects**

A research ethics proposal, number 012714–039, was developed and approved by the Department of Health Studies Ethics Committee of the University of South Africa (Appendix F). Institutional consent to conduct a study was obtained (Appendix D). Approval was granted by King Abdullah International Medical Research Center (Appendix E). Participants' rights were explained to each participant, and the process of informed consent was followed before participants signed the consent (Appendix A).

- **Informed consent**

Informed consent is a lawful document that is required where people are involved in a research study. Participants are enlightened about the study's details and are allowed to

decide if they wish to continue participating in the survey (Nijhawan, Janodia, Muddukrishna, Bhat, Bairy, Udupa, & Musmade 2013:134). The researcher clarified unclear wording on the participants' information leaflet. It was communicated to participants that they have the right to withdraw from the study at any stage if they wish to. After all the questions posed by participants were answered and no further clarification was needed, the researcher requested the participants to sign the consent form before data collection commenced.

- **Privacy**

Privacy is interrelated with confidentiality. There are two types of privacy. Information privacy refers to how a person manages access to their personal data, whilst physical privacy refers to the management of access to a person. Confidentiality refers to respecting someone by not divulging information without their permission. Hence, this relates to information privacy (Resnik 2016:13). The researcher, therefore, ensured that informed consent was obtained from each participant before the data collection commenced. Each participant was informed that they should feel free to retract from the research if they felt uneasy about divulging personal information. The interviews were conducted in the boardroom and the manager's office depending on which locations were available.

- **Do no harm**

It is of pivotal importance that no harm would be inflicted upon participants during a research study. The researcher is obliged to ensure that participants do not suffer any physical or psychological harm. However, if, for any reason, harm would be imposed on a participant during social research, resulting in emotional stress, the researcher must ensure that the participant receives support and a follow-up is imperative (Vancly, Baines & Taylor 2013:243). The participants signed a consent form to participate in the study. The purpose, potential benefits, and nature of the research and the reason for their being invited to the interview were explained. They were informed that they could withdraw from the study at any time if they were uncomfortable. They were assured that

confidentiality and privacy would be maintained by ensuring that the interviews would be conducted in a room with the door closed.

3.3.3 DATA ANALYSIS

Data analysis is a process of organising or constructing the information collected during a research study (Polit & Beck 2017: 530). The researcher followed the process of content analysis as described by Morrow, Rodriguez & King (2015) to analyse the transcribed interviews.

Analysing the interviews

The researcher used the data analysis process of content analysis as described by Morrow, Rodriguez & King (2015: 644). The transcripts were read and re-read to get a clear understanding of what was happening. This was followed by a process of coding the data to identify themes and sub-themes. The data were sent to a co-coder (who had signed a confidentiality agreement) to verify the themes and sub-themes, and a consensus was reached between the researcher and the independent coder.

The data collection process for this study will be discussed in more detail in chapter four.

3.4 RIGOUR OF THE STUDY: TRUSTWORTHINESS

Trustworthiness is a way in which researchers assure themselves and the reader that the research findings were commendable (Nowell, Norris, White & Moules 2017:3). The following are the different criteria of trustworthiness for qualitative research:

Credibility:

This refers to the credibility of the data and the interpretations thereof (Polit & Beck 2017:559). To ensure the study's credibility, the researcher remained in the field during and after data collection to get a better understanding of the phenomenon under study (Creswell 2014: 202) An experienced qualitative researcher was used to co-code the data and consensus was reached. Multiple data collection sources, namely interviews and field notes, were used to collect the data to increase the credibility of the findings.

Confirmability:

Confirmability refers to objectivity and reaching consensus between independent people regarding the accuracy, relevance and meaning of the data. Confirmability is concerned with the voice of the participants, ensuring that data were not created by the researcher (Polit & Beck 2017:559–560). The researcher reflected on her feelings and wrote down any bias that she might have before data collection. The researcher kept an audit trail, and all data instruments will be kept safe as evidence for 15 years under lock and key.

Dependability:

Dependability refers to the stability of the data over time and conditions (Polit & Beck 2017:559). The researcher used her supervisor to check the research plan and the implementation thereof. The researcher also used an independent coder to verify the themes and sub-themes identified during data analysis, and they discussed the findings until consensus was reached.

Transferability:

Transferability refers to the extent to which results may have relevance in other settings. The researcher provided descriptive data so that the relevancy could be assessed in other contexts (Polit & Beck 2017:560). The researcher described in detail how the study was conducted so that if another person wants to repeat the study, they may do so. Readers may be able to make inferences on whether the findings could be applied to new situations.

Authenticity:

Authenticity refers to the extent to which a range of realities would be reflected reliably and loyally. When a report shows authenticity, the participants feel that their lives are portrayed as lived by them (Polit & Beck 2017: 560). An opportunity was given to the participants to share their experiences using a semi-structured interview guide, and the researcher probed if any clarity was needed during the interviews. Probing was used to encourage the participants to provide a deeper understanding of the subject and to

provide rich data. Field notes were taken about the emotions and body language expressed by participants during the interviews.

3.5 SUMMARY

This chapter covered the research design and methodology used to conduct the study, the measures used to ensure the rigour of the study, and the ethical issues applicable to data collection.

In chapter four, the analysis process and study findings will be discussed.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DESCRIPTION OF THE FINDINGS

4.1 INTRODUCTION

The research design and methodology used to conduct the study were discussed in the previous chapter. In this chapter, the researcher analyses the data and presents and describes the study findings. The researcher undertook the study to investigate and to get a better understanding of the perceptions held by newly appointed registered nurses about the General Nursing Orientation Programme and to determine whether the orientation programme met the expectations of these nurses.

The study aimed to explore and describe newly appointed nurses' perceptions and expectations regarding the General Nursing Orientation Programme offered at a tertiary hospital in Saudi Arabia.

4.2 DATA MANAGEMENT AND ANALYSIS

For qualitative research, data management involves several tasks that must be done before the analysis process. Qualitative data are in narrative form. The information is organised and interpreted during data analysis for the intent of investigating the relationship themes, categories, and patterns, using various analysis approaches (Polit 2017:531; 719; 741). For this study the process of content analysis was used as described by Morrow, Rodriguez and King (2015 :644) to analyse the data.

4.2.1 Data management

Individual interviews were conducted in English. The interviews were recorded using a digital voice recorder, and field notes observing the non-verbal gestures were taken during the interviews. The researcher transcribed the interviews verbatim, and the transcripts were read simultaneously to the listening to the recording. The data analysis process will be discussed under 4.2.3.

4.2.2 Analysis of qualitative data

Data analysis is a process of organising or constructing the information collected during a research study and is an active and interactive process that involves systematising and interpretation of the narrative data to investigate the relationship between themes, categories and, themes (Polit & Beck 2017:530, 741). Semi-structured interviews were conducted and transcribed verbatim. The study findings' evidence constitutes the transcripts (Appendix L) and the field notes taken during the interviews (Appendix K). A detailed description of the data collection process is available in section 3.3.2 of the study. For this study, the process of content analysis was used.

The researcher will next discuss the seven steps as described by Morrow, Rodriguez and King (2015: 644) which were used to analyse the data. The steps used to extract statements that were organised in themes and sub-themes are:

1. Familiarisation – The researcher acquaints himself/ herself by reading through the data from all the participants many times.
2. Identifying significant statements – The researcher recognises all statements based on the pertinence of the phenomenon under study.
3. Formulating Meanings- The researcher recognises data pertinent to the study by means of performing a thorough review of the statements.
4. Clustering themes- The researcher groups the recognised data into themes which has common viewpoints.
5. Developing an exhaustive description- The researcher writes a comprehensive description of the phenomenon including the themes.
6. Providing the fundamental structure- The researcher summarises the comprehensive data into a brief, compact statement which may entrap the aspects which are deemed to be crucial to the phenomenon.
7. Seeking verification of the fundamental structure- An essential statement is given to the participants by the researcher to determine if it catches their experience. Depending

on the feedback from the participants the researcher might go back to amend the earlier steps.

The researcher will next discuss the results obtained through the interviews of the study.

4.2.3.1 Ensuring high-quality analysis

Qualitative data analysis consists of examining and categorising, as well as verifying the data findings to draw empirically based conclusions. The evidence of the study constitutes the interview transcripts (Appendix L) and field notes (Appendix K). Similar content in the transcribed interviews was used to identify themes and subthemes through systematic coding.

- **The researcher's role in data analysis**

The researcher is the primary instrument in data collection and analysis and must rely on her or his instinct and abilities (Merriam 2009:52). The qualitative researcher is aware that bias could occur when performing a research study, and it ought to be avoided to prevent misconceptions or incorrect conclusions. Therefore, qualitative researchers use the process of reflexivity to guard against being biased when making a judgement. The researcher must reflect on her values that could influence the interpretation of the data (Polit & Beck 2017:179). Integrity in research is vital as it produces trust among the participants and the researcher, ensuring that they can share their everyday life experiences with ease (Simon 2011). The researcher should display cultural competence qualities to ensure effective communication, resulting in establishing a good rapport between the participants and the researcher. In this investigation, the researcher reflected critically on her biases and kept them in mind to guard against her personal biases and preferences affecting data analysis and interpretations. She believes in multiple realities and therefore was committed to understanding the phenomenon under study by getting the different views from participants. She also valued their opinions about the phenomenon. The researcher further ensured that the research report reflects the findings accurately by recognising her own biases and assumptions of the phenomenon under study.

- **The analysis process and the results**

To increase the reliability of the data, a researcher needs to show the relationship between the findings and the information collected (Morrow, Rodriguez & King 2015 :644). The readers were able to gain a better understanding of how the analysis was performed as the analysis process and findings were. explained in detail Another step that the researcher used an experienced qualitative researcher was used to analyse the data and to ensure the reliability of the study's findings.

4.3 RESEARCH RESULTS

The study's objectives were: 1) to explore and describe the perceptions of newly appointed registered nurses regarding the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia, and 2) to explore whether the General Nursing Orientation Programme meets the expectations of nurses undergoing the programme.

To address these research objectives, the following research questions were posed: 1) What are newly appointed registered nurses' perceptions of the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia? 2) Does the General Nursing Orientation Programme meet the expectations of registered nurses who have undergone the programme?

The themes and subthemes will be discussed in section 4.4 of the study.

4.3.1 Characteristics of participants

Individual interviews were held with twelve participants aged between 31 and 50 who were newly appointed registered nurses who had undergone the General Nursing Orientation Programme and worked in various disciplines within the tertiary hospital. (Table 4.1).

Table 4.1 Characteristics of participants

Participant number	Gender	Age	Professional category	Discipline working in	Years working at a tertiary hospital
01	Female	33	Registered nurse	Haemodialysis	Three
02	Female	40	Registered nurse	Surgical	Three
03	Female	46	Registered nurse	Male step down	Three
04	Female	29	Registered nurse	Surgical	Three
05	Female	50	Registered nurse	Neonatal ICU	Two
06	Female	46	Registered nurse	Emergency room	Two
07	Female	31	Registered nurse	Neonatal ICU	Two
08	Female	Unknown	Registered nurse	Medical	Two
09	Female	36	Registered nurse	Male Step-down	Two
10	Female	44	Registered nurse	Nursing Education Department	Two
11	Female	40	Registered nurse	Surgical	Two
12	Female	37	Registered nurse	Neonatal ICU	Two

The participants were all females employed as registered nurses with an age range from 31 to 50 years. One participant's age is unknown because she decided not to disclose her age. The period they worked at the tertiary hospital ranged between two to three years. The participants were employed in different disciplines within the hospital, namely haemodialysis, the surgical, medical, male step-down, and neonatal intensive care units, the emergency room, and the nursing education department.

4.3.2 Themes and sub-themes that emerged from the data

The report consists of the findings from the transcribed interviews. Through a process of content analysis, the researcher identified ten sub-themes that were grouped into four themes. The responses from participants are indicated according to numbers, as Participant 1 to Participant 12 (see Table 4.2):

Table 4.2 Themes and sub-themes

Themes	Sub-themes
Theme 1: Voices of participants regarding the General Nursing Orientation Programme	1.1 The General Nursing Orientation Programme perceived as good, well-organised, practical, and informative
	1.2 Time allocated for the orientation programme
	1.3 Highlighted challenges pertaining to the orientation programme
	1.4 Policies and procedures
Theme 2: General Nursing Orientation Programme is a powerful tool for skills development and improvement of quality care	2.1 Contributions of the General Nursing Orientation Programme towards competencies and skills development
	2.2 Orientation Programme facilitates sharing of experiences by nurses from different countries
	2.3 The General Nursing Orientation helps in preparation before placement in the wards
Theme 3: Different feelings experienced by nurses after completion of the Nursing Orientation Programme	3.1 Collegial support received from nurses during orientation
Theme 4: Participant's expectations and recommendations towards the General Nursing Orientation Programme	4.1 Nurses' expectations about the General Nursing Orientation Programme
	4.2 Participants' recommendations regarding the General Nursing Orientation Programme

The table above depicts the themes and sub-themes identified during the analysis of the data.

The themes, sub-themes and quotes from participants are presented. The quotations have numbers referring to specific interviewees, for example, Participant 1. The field notes taken during the interviews reflect the gestures and emotions of the participants to enhance the reader's understanding of the responses from participants.

Next, the researcher will discuss the themes, printed in bold uppercase, the sub-themes in bold lowercase, and the quotes in italic typeface.

4.3.3 THEME1: THE VOICE OF PARTICIPANTS REGARDINGTHE GENERAL NURSING ORIENTATION PROGRAMME

For this theme, four sub-themes were identified, and the sub-themes will be presented with representative quotes in italics.

During the analysis of the transcribed interviews, the participants verbalised that the orientation programme was practical, and informative. Participants further revealed that the allocation of time for the orientation programme was enough and the fact that it included the hospital policies and procedures were accepted. Some challenges experienced by the participants regarding the orientation programme were also raised.

The sub-themes under this theme will be discussed next:

4.3.3.1 Sub-theme 1: The General Nursing Orientation Programme perceived as good, well organised, practical, and informative

The following is a discussion of the quotes comprising this sub-theme. The quotations indicate the participants' responses about their views of the General Nursing Orientation Programme.

From participants responses, the researcher concluded that the General Nursing Orientation Programme was good, well organised, practical, and informative. Participants verbalised their experiences of attending the orientation as good. They perceived the orientation programme as being well planned, covering various issues that address newly appointed staff members' needs. Some participants found the

orientation programme refreshing since they had been in nursing for a long time. Thus, getting an update on the competencies and skills required to perform their job helped them adapt to their new work environment with ease. The following quotes demonstrate how participants valued the orientation programme:

Participant 1: "... the nursing orientation was quite good; it was a refreshment ... especially the competency, the practical information, huh! [interjection expressing deep thought] I have been in nursing for nearly 20 years, so it was good to have an orientation..."

Participant 2: "Generally, I had a good experience, reason being I was new to the hospital. I did not know the specific practices, although the basics in nursing stay the same. The hospital is improving the basics in the sense that it is the way of their standards. So, in summary, I would like to say it was really a good experience, [interjection expressing being deep in thought]. It was well laid out, well planned, well organised... and planned in accordance with the needs of the staff."

Participant 9: "Well, ... it (the orientation) added to my experience and to my knowledge. ...This is for our professional growth, for me it was good to have, (interjection denoting deep thought) mandatory certifications, our work as a nurse is not stable, every day there are changes, so the training helped us."

In this study, the participants valued the orientation, and it is evident that the orientation programme was well planned and organised so that it met the needs of participants. The participants stated that the orientation programme was designed in accordance with the needs of the newly appointed staff with emphasis placed on competencies, as this helped those nurses who had been practising nursing in their country of origin for several years to update their competencies and skills. Hence, they regarded the orientation programme as a refresher course that enabled them to adapt to their clinical areas with ease, increasing their motivation and productivity.

From the quotes that follow, however, it is evident that some participants felt overwhelmed with the amount of information provided during the orientation programme.

Participant 4: "The experience was very good; ... During the orientation, a lot of information regarding hospital was given (hand on face)."

Participant 12: “nursing educators... that give us a lot of knowledge. not really new (information)....”

The researcher conceded that participants experienced an information overload during the orientation, and one participant indicated that the information provided was not new. Brown (2020) argues that when an orientation programme contains copious amounts of information, trainees might find it difficult to absorb so much information at once. This may lead to confusion and unhappiness among the newly appointed. One participant suggested that the information received during the orientation was not new; it was just building on existing knowledge. According to Mothobeka and Maritz (2018:3), because nurses have prior nursing knowledge, they do not attend orientation in a blank state. They can integrate their prior knowledge with the information obtained during orientation, ensuring a complete picture of the subject matter and certain issues may become clearer.

Participants reported starting a new job in a strange country and attending the orientation was beneficial to them and very informative, causing them to learn a great deal. Attending the orientation allowed them to know what was expected from them regarding the hospital standards and routine tasks. The value of undergoing the orientation is evident from the following quotes:

Participant 5: “... (interjection, indicating deep thought), I think it (orientation programme) was actually, (grimace) informative and it helped us to get to know what was expected of us. It really gave me the insight that at least I would be able to tackle some of the situations... The general nursing orientation was beneficial to us... I was thankful for being here and was enthusiastic that... I am going to be better, perform my best, I have learnt so much from that.”

Participant 7: “I gained much knowledge regarding all the topics they presented. It was good for me as a new staff to have all of it and then learnt many things because we were new to a new hospital.”

Participant 11: “...It (orientation) was informative. I had no knowledge of the country and after having undergone the orientation, I did feel more comfortable at work...”

Orientation programmes should add value, improve trainees' competencies and skills, and help new staff adapt to their new work environment. The researcher concluded

that nurses who attended the orientation programme found it beneficial. It became clear to them what was expected from them. They gained insight and was prepared to deal with situations that they might encounter, and they adapted with ease because of all the knowledge they gained. One participant sounded enthusiastic and revealed that attending the orientation helped her to improve her work performance and that she was able to do her best. Kroning (2017) states that a beneficial and effective orientation programme decreases the stress level of newly appointed staff, ensuring that such staff are competent and confident in delivering safe patient care.

Using different teaching methods is conducive for any training programme to prevent trainees from getting bored. Some participants appreciated the fact that the facilitators used different teaching methods. However, one participant reported that some facilitators used the lecture method for teaching that was too long, and this caused participants not to participate. Participants' voices are expressed in the following quotes:

Participant 1: "some lectures were too long and was (sic) not participative. We became tired."

Participant 10: "The experience was very interesting, ... different teaching methods but based on the same principles, so the general nursing is all on the same par."

One participant felt that the lectures were too long and there was no opportunity to participate. In contrast, another participant had a different view and reported that her experiences were interesting and that different teaching methods were used. However, the literature states that it is crucial to ensure that learners learn as much as possible during orientation and that facilitators must use different teaching methods to make the sessions interesting and to encourage participation to ensure that participants do not become bored. Lectures are a teaching method used most often during nursing orientation; it is uncomplicated and ensures that teachers convey knowledge to the trainees with ease. Lectures enable facilitators to have good control of what staff are being taught. Using the lecture method is usually a well-structured and well-planned approach, and it is effective in transferring information. However, there are disadvantages associated with using the lecture method as a teaching strategy. It is a one-way teaching method, with the trainees usually being passive and inactive, resulting in monotonous and dull teaching sessions (Kelly 2019). According

to Pappas (2014), the Adult Learning Theory, as described by Knowles (1980;1984), encourages the use of various activities and teaching aids as this variation appeals to the differences in the life experiences of adult learners and the teaching methods should be experiential.

4.3.3.2 Sub-theme 2: Time allocated for the orientation programme

About the issue of time allocated for the orientation programme, participants had different views. Some participants verbalised that the allocation of time for the orientation programme was sufficient. However, other participants thought that the sessions tended to be too long, especially when facilitators used the lecture method as a teaching strategy. Some participants felt more time should be allocated for the practical component and the unit-specific competencies of the orientation programme.

Participant 1: “Yes, two weeks (time allocated) was adequate although some lectures were too long... We became tired; however, more time for preparation of practical should be given which would be of benefit to us in the clinical area.”

Participant 3: “Two weeks, I think it was adequate, ... but the unit-specific orientation could be extended.”

Participant 4: “It was adequate because, (hands touch each other), we did not feel day by day because there were activities that were provided (eyes widened) ...”

Participant 6: “For me, personally, I thought it was adequate because we were given the theory and we were given a chance to practice.”

Participant 7: “The general nursing orientation, although there was more on theory, we had enough time to do the practical.”

The orientation programme was presented over two weeks and had a practical as well as a theoretical component. Some participants reported that the allocation of time for the orientation programme was adequate, especially for the theory. Still, one participant felt that more time should be allocated for the unit-specific competencies. For some participants, the time was sufficient, and they did not feel overwhelmed because they did different activities every day. According to Kroning (2017), hospital-based nursing orientation includes a general orientation with a theoretical component

followed by orientation in the unit where the staff member will work. The duration of the orientation programme differs from one organisation to another.

4.3.3.3 Sub theme 3: Highlighted challenges pertaining to the orientation programme

Participants indicated that they experienced different challenges regarding the orientation. One participant reported that she was exhausted due to travelling, and she had to start with the orientation programme soon after arrival in a new country. Some participants felt that the orientation programme had too many tests on the competencies. The amount of theory they had to deal with within a short space of time was also overwhelming to such an extent that they had difficulty remembering what they learned. One participant reported that not having worked in the units of this hospital before the orientation caused her not to know what was expected from her. It is evident that participants did experience challenges about the orientation programme as per the following quotes:

Participant 1: "... We were given a lot of information within the short space of time... an orientation especially with competencies... it was quite challenging."

Participant 2: "... It (orientation) was long... days of theoretical sessions. The amount of information given during the nursing orientation was overwhelming ... it (the content) was difficult to absorb in that period. Amount of information, although good, was overwhelming."

Participant 3: "I was tired as I just arrived in a new country, the travelling was exhausting, and we had to start nursing orientation programme. The first few days upon travelling were exhausting ... we were given these competencies. We were given the information before we did the competencies ... These were insulin, blood transfusion and all those, also physical assessment."

Participant 8: "... The only problem that I had with the orientation was that we did not work in the unit first, so we did not know what was expected of us. Then we went for orientation... so we did not know how the unit looked like or anything. So, it was difficult for us to connect the dots...."

The participants reported that being new to an organisation may pose difficulties, especially having travelled from abroad. It was required to commence orientation soon after arrival in the country where they would begin duties. The participants also stated that they were required to do many competencies and tests that were good but added to their anxiety. The fact that participants attended the orientation before seeing the clinical areas seemed to have caused challenges for some participants because they did not know what to do with the new information.

4.3.3.4 Sub-theme 4: Policies and procedures

The participants indicated that knowledge of hospital policies and protocols was crucial for providing quality patient care in the unit. The participants stated that orientation about the policies and protocols used within the hospital added immense value to their understanding of the hospital's standards and procedures. This view is supported by the quotations below:

Participant 1: "... We were encouraged to follow the policy and procedures which guided us, thus ensuring safe (patient) care..."

Participant 4: "knowledge of hospital protocols and policy, setup of the hospital was given to us as new employees, and it supported us emotionally."

Participant 6: "... It (policies) prepared me to work in the ward because we were exposed to their protocols like administrative policy and procedure..... It made me aware of what was going to be required in the ward and to do it the way they required me to do it, not the way I have been taught but to put into practice their procedures..."

Participant 7: "... There were (administrative policy and procedure) and departmental policy and procedure guidelines which we had to follow... it was a good experience (hand on face) to have the general orientation in the nursing college ... I feel it was good because as a new staff you need to be competent, once you are in your field..."

Policies and procedures are indispensable for the standardisation of health care. Nursing staff must adhere to it because it impacts reliable decision-making and reduces liability claims. According to Cuddy (2015: 13), if an orientation programme is not structured, it may promote uncertainty about policies and procedures when newly appointed staff commence their duties in their respective clinical areas.

4.3.4 THEME 2: THE GENERAL NURSING ORIENTATION PROGRAMME: A POWERFUL TOOL FOR SKILLS DEVELOPMENT AND IMPROVEMENT OF QUALITY OF CARE

For this theme, three sub-themes were identified, and the sub-themes will be presented in bold, while the representative quotes will be printed in Italics.

Analysis of data revealed the advantages of attending the orientation. Participants valued being part of the orientation because their competencies and skills were enhanced. They had opportunities to share their experiences, which helped them ensure that they deliver quality patient care. Some participants also appreciated the fact that the orientation took place before they were placed in their new work environment.

The sub-themes under this theme will be discussed next:

4.3.4.1 Sub-theme 1: Contributions of the General Nursing Orientation Programme towards the development of competencies and skills development

Participants reflected the importance of the General Nursing Orientation Programme towards developing competencies and skills necessary to function as a registered nurse in the different disciplines within the tertiary hospital. In the following quotes, participants expressed their satisfaction towards the orientation programme:

Participant 1: "... patients receive safe quality nursing care as key competency aspects (patient identity, effective communication, infection control measures) were reinforced during the orientation programme..."

Participant 2: "Skills ... should be done before going to the clinical area, so it did improve my skills and when I went to the clinical area, I was well prepared on specific standards for the hospital."

Participant 5: "... I would say it (competencies) was helpful and really enhanced my knowledge and professional skills. Yes, the competency helped... it helped me as preparation of what to expect when you do... the basic nursing care, what is expected of you when you use those competencies."

The participants emphasised that the competencies prepared them well for the clinical setting. It enriched their professional expertise and their pre-requisite knowledge, which will help them deliver safe and quality patient care. Bashford, Shafford and Young (2012:62) state that integrating a competency-based approach with the general nursing orientation is crucial since it enhances the skills and competencies of newly appointed nurses.

4.3.4.2 Sub-theme 2: Orientation programme facilitates sharing of experiences by nurses from different countries

The hospital employs nurses from countries globally. Some participants reported that because they were a diverse group from different countries, they could share their experiences and way of thinking during the orientation, which was seen as an advantage to patients. Other participants indicated that they gained knowledge from educators and colleagues of different nationalities, which were beneficial to them, as alluded to in the quotations below:

Participant 1: "... Because we come from different countries, so we were able to share our experiences, so we could improve to render services for patients..."

Participant 10: "... The experience was interesting as there were many nationalities of nurse educators and colleagues, so we were able to share thoughts and learn and this helped maintain an optimistic environment..."

Participant 11: "The orientation provided us with information similar to that of our country, but there was (sic) also different things and these differences prepared us for the clinical areas..."

The tertiary hospital recruit nurses from other countries due to the nurse shortage within this specific country. Health care around the world is experiencing a challenge of nurse shortages. This could be the result of a high nurse turnover rate, which may intensify the workload for those nurses who remain at the institution (Lamadah & Sayed 2014:21; 22). Nurse orientation programmes can provide a platform where nurses from different countries may share their experiences and exchange ideas about patient care. Nurses discuss past experiences that colleagues may relate to and identify with, which may be beneficial as it may help improve the delivery of patient care (Miller 2012).

4.3.4.3 Sub-theme 3: General Nursing Orientation helps in preparation before placement in the wards

Attending orientation is an excellent tool for preparing new staff members, such as nurses, before placement in the different units in which they will work. Participants felt empowered after attending the orientation programme that enabled them to deliver quality patient care.

Participant 2: “The orientation... planned in accordance with the needs of the staff, ... their needs and skills before they go to the clinical area, so to me it (orientation) did improve my skills and when I came to the clinical area, I was well prepared on specific standards...”

Participant 4: *“... They (facilitators) had informed me on how research online and I think that this was beneficial...”*

Participant 12: “... The orientation helped me; we were introduced to infection control measures as different hospitals have different protocols. I was informed about the IPSPG (International Patient Safety Goals), which helped to ensure medication safety was maintained.”

One participant reported that the orientation programme was planned in accordance to the requirements of new appointed registered nurses, and the skills training she received has prepared her well for the clinical area in which she was going to work. Another participant felt that, during the orientation, she was empowered to use the internet to search for information applicable to the unit where she was going to work. Protocols and procedures differ from hospital to hospital and country to country. One participant noted the difference in procedures and appreciated the fact that, during orientation, she was made aware of the different policies and protocols used in the new workplace. Thus, adapting to the new environment was made easier. Equipping new staff members on the skills needed to perform in their new work environment is part of the purpose of orientation programmes. Cuddy (2015:14) argues that the purpose of orientation is to equip new staff with clinical skills relevant to their clinical setting. The participants realised that it was imperative that they attend the orientation programme to promote their competencies and clinical skills which would enable them

to render safe patient care and understanding this as an adult learner makes learning easier.

A procedure is a written set of directives that identifies the authorised steps of a specific act. Hospitals use procedure manuals and protocol that explain how a specific procedure should be carried out. However, these procedures and protocols should be straightforward and precise (Cook 2019). During the orientation programme, newly appointed nurses were orientated on the hospital's procedures and protocols. The participants acknowledged that the inclusion of these procedures and protocols in the orientation helped them develop the necessary skills to maintain standards of safe patient care and helped them to adapt with ease to their new workplace.

4.3.5 THEME 3: DIFFERENT FEELINGS EXPERIENCED BY NURSES AFTER COMPLETION OF THE GENERAL NURSING ORIENTATION PROGRAMME

For this theme, only one sub-theme was identified: about collegial support that they received. The sub-theme will be presented in bold with representative quotes in italics.

Analysis of the data revealed the importance of support being provided to newly appointed nurses having to start work in a strange country.

4.3.5.1 Sub-theme 1: Collegial support provided during orientation

Collegial and managerial support in any workplace is vital and is valued in most instances. Participants alluded to the support provided by their colleagues and unit managers during orientation and that it was beneficial. This support is implied in the quotes that follow:

Participant 1: "... Orientation was quite manageable because colleagues and the unit manager supported me. The education department was quite supportive as well... The manager always told me I could do it and that I would pass my probationary period. She gave me constructive feedback. Her constant words of encouragement meant a lot to me."

Participant 9: "... To process everything was really difficult. So, it took me long (to) process the work but with the help of my colleagues, educators, managers, and health practitioners throughout, I was able to cope..."

Participant 11: “My friend helped me and supported me with activities that I had difficulties with...”

Participants reported that they were motivated, supported, and reassured by their colleagues and managers, who provided constructive feedback. The support and motivation helped participants feel that they are not alone, and they valued the support provided. One participant acknowledged that she could not master the activities independently, but her friends' support helped her master them. A team is defined as two or more people who work together to achieve a common goal. It is an amicable and positive interpersonal working relationship. Working as a team with the necessary support may cause new staff to feel inspired and valued (Menard 2014:20).

4.3.6 THEME 4: PARTICIPANTS' EXPECTATIONS AND RECOMMENDATIONS TOWARDS THE GENERAL NURSING ORIENTATION PROGRAMME

For this theme, two sub-themes were identified, and the sub-themes are written in bold with representative quotes in italics:

The study findings indicated that nurses who attended the orientation programme had certain expectations and made recommendations to improve the orientation programme.

The sub-themes to this theme will be discussed next:

4.3.6.1 Sub-theme 1: Nurse's expectations about the General Nursing Orientation Programme

The General Nursing Orientation Programme participants also had certain expectations about the orientation programme, the quotes below reflect their views.

Participant 1: “... some lectures were too long... We became tired; however, more time for preparation of practical should be given which would be of benefit to us in the clinical area.”

Participant 5: “... The information and resources shared with us prepared me for what to expect in the clinical area.”

Participant 7: "..., I am in the neonatal unit, ... we need more specifics (competencies) on neonate before we are asked to go to the unit."

Participant 8: ".... Although I think they can do more lectures on our specialised units. It was just generalised, even if just one session is put in for the specialised units, that would be excellent...."

In this study, the participants revealed that they were informed about relevant resources, which made them aware of what to expect in the clinical areas and what was expected of them. Some participants reported that the lectures were too long and that there was no participation; they probably did not expect lectures to be so long and were prepared to participate in all activities involving the orientation. Some participants revealed their disappointment that the orientation focused more on general competencies and did not adequately cover their speciality area. Another participant felt that the orientation programme should have given them more time to prepare for the practice. Thus, it is evident from the findings of the study that the participants had different needs and expectations as to how the orientation programme should be structured.

4.3.6.2 Sub-theme 2: Participant's recommendations regarding the General Nursing Orientation Programme

Any training programme has room for improvement, and it is crucial to get participants' views regarding the programme. Participants in the study stated their opinions and made recommendations on how the orientation programme could be improved. Note the quotes that follow:

Participant 4: "I believe that the organisers should evaluate (hand on face) the practical sessions during orientation, to provide manpower so that you know (interjection in deep thought) ... divide groups into smaller numbers especially where numbers of candidates are too big, so they can have more hands-on demonstration."

Participant 7: "... the general orientation was based more for the adult; at least we need more specifics (competencies) on neonate before we are asked to go to the unit."

Participant 8: "... especially if you have not seen the workplace, you have not seen the unit, so I think even two weeks in the unit before general nursing orientation would be

perfect. Although I think they can do more lectures on our specialised units. It was just generalised, even if just one session is put in for the specialised units, that would be excellent....”

Participant 2: “The amount of information given during the nursing orientation was overwhelming. Although the information was good, it was difficult to absorb it. Skills (training)... should be done before going to the clinical area, so it did improve my skills...”

Participant 4: “... Lectures were continuous with no group participation ...”

One participant indicated that the facilitators should evaluate the practical sessions of the orientation programme. She (the participant) believes that more human resources could be allocated for the practical sessions to allow for smaller groups for all participants to benefit from a hands-on demonstration. Another participant suggested that the orientation programme should include sessions on competencies to improve the skills of nurses who will be allocated to work in the neonatal unit. Another request was that the content of lectures also covers specialised units. With regard to the recommendation from participants that competencies regarding specialist areas should be included in the orientation, it should be noted that Mirlashari, Qommi, Nariman, et al. (2016:317) argue that competencies must be included in any orientation programme to ensure the delivery of safe and quality patient care.

The researcher will next provide a discussion of the findings:

4.5 DISCUSSION OF FINDINGS

The researcher identified four themes and ten sub-themes. It became evident to the researcher that the newly appointed registered nurses who had undergone the General Nursing Orientation Programme at the tertiary hospital found the orientation programme to be of great value in helping to adapt to their new work environment. Most participants agree that the orientation programme was well planned and organised. It is also evident that the nurses' competencies and skills were improved by attending the orientation programme, enabling them to give safe patient care. Also, some nurses felt that the orientation programme had met their needs.

In contrast, some nurses suggested that additional time could have been allocated to prepare for the practical and that for specialist areas such as neonatal care, more competencies should have been included. The support they got from colleagues and managers were valued. However, there is always room for improvement for any programme. In this regard, nurses also made recommendations on how the orientation programme could be improved.

The orientation of nurses concerning their new work environment is crucial for their well-being at work and their development as competent nurses (Pasila, Elo & Kääriäinen 2017:18). According to Swihart and Figueroa (2016: viii), new employees need practical, pragmatic preparation and support to adapt to their new roles and responsibilities successfully. For new employees to meet the demands of complex healthcare practice settings, opportunities should be provided to advance their communication, collaboration, and interpersonal skills. Such opportunities can be provided through orientation and preceptor programmes.

The four themes identified will be discussed next:

Theme 1: Voices of participants regarding the General Nursing Orientation Programme

There comes a time in any nurse's life that he/she will experience a change in identity, roles, responsibilities as well as work environment, causing high levels of stress, and they will have to adapt to these changes (Wong, Che, Cheng, et al. 2018:30). Orientation plays a pivotal role in helping newly appointed staff, such as nurses, adapt to their new work environment and prepare them to become self-assured, efficient, and productive (Ivey 2011:9).

During the transition period, whether from being a student to a qualified nurse or between changing jobs, challenges will be experienced. A study done by Wong, Che, Cheng, et al. (2018) among student nurses who had to transition from being a student to a qualified nurse identified challenges concerning lack of knowledge, communication, expectation, change of role, working atmosphere, and collegial support. The participants in this study also experienced some challenges.

The participants expressed their gratitude for a well-planned, informative, and beneficial programme. Cuddy (2015:13) argues that a good, structured orientation

programme is imperative for staff to become aware of organisational standards and procedures before commencing their duties in the clinical areas to ensure competent personnel who will provide safe patient care. Most hospital-based nursing orientation programmes will include a general orientation in the classroom followed by an orientation about the unit in which one was hired to work. The programme will include education from each department in the hospital, as well as education on the use of the electronic medical record system (Kroning 2017).

The registered nurses working at the tertiary hospital were employed from abroad and had been nursing for several years in their countries of origin. Attending the orientation sessions enlightened them about the organisation's policies and procedures, which helped them adapt to the new work environment with ease. Chacko (2016:35) argues that the purpose of any orientation programme is to allow for the transition of newly hired staff members, such as nurses, to become familiar with the protocols and procedures being practised within their clinical areas and the organisation. According to Chacko (2016:19), orientation is a requisite for newly appointed employees. It provides them with the opportunity to acquaint themselves with the organisation's ethos and policies, and procedures. Swihart and Figueroa (2016: viii) argue that through orientation, opportunities are provided that help newly appointed staff align with the organisation's mission, vision, values, and culture. Kokemuller (2017) argues that orientation should guide newly employed staff members about policies and procedures used in the institution of employment. This implies preparing new employees physically and emotionally so that they have a clear picture of what to expect in the clinical setting where they are placed. This will ensure that they adapt to the new work environment with ease. According to the Adult Learning Theory as described by Knowles (1980;1984), mature, newly appointed staff members such as nurses acquire information to intensify the knowledge, he/she already possesses. Adult learners are inspired to explore subject matter on their own (Pappas 2014). According to the participants who attended the orientation, the content presented provided their needs as newly appointed staff members.

The new staff members had to start the orientation programme while still exhausted due to travel from their country of origin and had no time to recover. Another challenge that was highlighted was the overloaded theoretical sessions. These long and crowded sessions caused participants to feel overwhelmed, and it was not easy to retain the

information covered during these sessions. Dellasaga, Gabbay, Durdock and Martinez-King (2009:312) argue that newly appointed employees usually express their concerns that the content of an orientation programme is overwhelming. Author Brown (2020) argues that giving large amounts of information during training sessions can cause attendees to become anxious because they cannot retain all the information provided. Thus, trainees will be less efficient and optimistic in the clinical setting because they cannot remember what they learned during the orientation.

The participants verbalised different views about the lecture method that was used during the orientation. They reported that some facilitators used lectures as a teaching method, and participants felt that these lectures were non-participatory, causing participants to become bored. Andragogy recognises the needs and different learning approaches adults use to master learning (Kenner & Weinerman 2011:88). According to Kapur (2019), in andragogy, the emphasis is on the adult learner's participation in a process to determine their learning needs and actively participate in achieving the goals set. Adult learners have the independence to select learning methods and materials that would be suitable for them to attain learning. Thus, adults learn at a different pace, and they need to understand the rationale for them having to learn new skills. Facilitators should be conscious of the different learning approaches of adult learners and adapt their teaching strategies accordingly. Andragogy recognises the needs and different learning approaches adults use to master learning (Kenner & Weinerman 2011:88). Thus, using the lecture as a teaching method with no active participation of attendees is unacceptable when teaching adults. Facilitators should recognise this and use a more participatory teaching approach. It is essential to ensure that various activities in the form of different teaching methods are used when facilitating orientation.

Some participants suggested that more time should be allocated for practical sessions that allow for skills and competency building, especially for the specialist units such as the neonatal units. According to Kroning (2017), the duration of orientation programmes differs from one organisation to another, and it also depends on the content of the programme relevant to the facilities. Participants requested that more time be allocated for competencies for specialist areas. This finding is in line with the views of Kroning (2017) that the orientation period for critical care units requires more time than for other units because of the specific skills required to work in these units.

Critical care unit orientation duration also varies between 3 and 6 months depending on the mentor or preceptor schedule.

Theme 2: General Nursing Orientation Programme is a powerful tool for skills development and improvement of quality care

The orientation programme under study had a theoretical and practical component, and it was expected that participants would integrate the theory with the practical. Kroning (2017) states that hospital-based nursing orientation usually includes a theoretical and practical component to demonstrate the required competencies for a specific unit and that the duration of the theoretical component can vary from a few days to a few weeks. Cheng, Cheng, and Tang (2010:91) agree that training departments must enrich the standard of orientation by assisting newly appointed staff to recognise the importance of correlating theory with practice. Brunt (2014:2) defines competencies as the correlation of skills, knowledge, judgement and, abilities at an expected level of performance. According to Fukada (2018), competencies are part of an orientation programme to improve the clinical skills of newly appointed registered nurses to equip them to render safe patient care. It is expected that nurses should take professional responsibility to provide quality patient care continually. They should combine different information sources and incorporate them in decision-making and nursing practice.

Participants reported that the orientation prepared them to work in the different disciplines. Cuddy (2015: 21) argues that a successful orientation programme should prepare the newly appointed nurses to adapt to the institution with ease and develop confidence and competence in performing procedures to meet the requirements in the clinical setting. Thus, facilitators should note this challenge and find a way to spread the information during orientation evenly. Some participants in this study reported that they had to complete too many competencies and tests before placement in their respective units. Attending an orientation ensure that newly appointed staff members such as nurses are well informed regarding routine tasks, are equipped to become critical thinkers and, know the relevant documentation used within the organisation (Ivey 2011:9). Participants, in a sense, complained that they had to complete too many competencies and tests that caused them to be anxious. The results of the study are in relation to what Dellasaga et al. (2009:312) argue is important, namely that nurses

be equipped with the necessary skills required for a new job and that they should be supported during an orientation. Schanne, Stern, Hand, Collins, Kirk, Kweeder, Brody, LaPorta and Meehan (2016:201) believe that validating the competency levels of staff is essential to ensure safe patient care. According to Cuddy (2015:24), it is imperative that the relevant training and information that newly appointed staff need to adapt to in the work environment are provided to them during the orientation period. Shared experiences are experiences where individuals are granted an opportunity to create a conducive learning environment as it enables individuals to learn from each other's standards and norms (Taylor 2017).

Participants in the study are from different countries, and attending the orientation allowed them to share their past experiences. Hearing different views can help nurses benchmark themselves against each other. It can help improve the delivery of safe patient care, while information that was relevant enhanced their learning experiences.

Theme 3: Different feelings experienced by nurses after completion of the Nursing Orientation Programme

The participants of this study indicated that their colleagues and unit managers supported them. They highly valued the support received because they would not have been able to master some of the competencies without it. According to Wong, Che, Cheng, et al. (2018:34), it is essential to establish a good rapport among colleagues because they can provide the needed support to new employees and, may provide assistance when needed. It is important to maintain a good working relationship among colleagues and to promote their psychological safety which in turn will enhance their motivation and clinical performance. An effective nurse orientation programme provides a feeling of acceptance as the nurse leaders play a pivotal role in ensuring the professional development of the newly appointed nurse. Constructive, regular criticism encourages the nurse to foster efficiency and become motivated and productive in delivering safe patient care (Lindfors & Junttila 2014:3:5).

Research has accentuated that a good rapport must exist among working colleagues to maintain a supportive and optimistic environment as this is efficacious for motivated and productive staff (Kelly, McHugh & Aiken 2011:428). Kilic and Altunas (2019) argue that nurse leaders must ensure newly appointed nurses are supported in the clinical setting. Being supported promotes teamwork and effective communication and,

therefore, reduces anxiety levels, hence achieving a conducive working environment that could increase productivity levels.

Theme 4: Participants' expectations and recommendations towards the General Nursing Orientation Programme

Persons enter any situation with some expectation. Objective 2 of the study was to establish whether the orientation programme met the registered nurse's expectations. In a study done by Wong, Che, Cheng, et al. (2018:33), the authors found that student nurses had high expectations for themselves and others during their transition period. The study participants expected to maintain proper time management and finish tasks before handover and wanted to work independently and competently as soon as possible. In this study, the participants also had some expectations about the length of the orientation, the content covered, the competencies to cover their areas of expectations, and they wanted more time to prepare for practice. Choosing a job that has a good orientation programme is important before starting a job. Therefore, nurses should find out about the type of orientation programme that the institution offers, the type of classes offered, the length of the orientation programme and whether any support will be provided after the orientation. This is important so that nurses will not have unrealistic expectations after commencing duties and when they attend orientation (Kroning 2017).

Participants had the opportunity to make suggestions for improvement of the orientation programme. One participant indicated that the facilitators should evaluate the practical sessions as she (the participant) believes that more staff could be allocated for the practical sessions so that bigger groups could be divided into smaller groups to benefit from hands-on demonstrations. Another participant suggested that the competencies session should include neonatal care as a specialised unit. A participant's additional suggestion was that the amount of information should be reduced, or some information should be shared by the preceptor during unit specific orientation so that absorption could occur. The neonatal intensive care unit nurse who is deemed clinically competent will ensure that safe nursing care is given to the patients. (Mirlashari, Qommi, Nariman, Bahrani & Begjani 2016:317).

According to McGlynn (2018), small group sessions are beneficial as it promotes learner-centred instruction, enhancing group assignments to be achieved with ease.

Learners are allowed to contribute their views and thoughts, which will foster learning. Thus, it becomes important that smaller group sessions be used to do the practical component of the orientation, and facilitators should welcome the inputs and recommendations from participants. According to Pappas (2014), an adult learner obtains new data to successfully enhance their current knowledge if they are motivated to investigate a theme independently. An adult learner benefits most from their life experience if they are encouraged to work independently. This independence ensures that the adult learner learns at their own pace. An individual can only retain a specific amount of information at any given time. If they are provided with an excessive quantity of information, they will become overwhelmed and anxious (Abudi 2015).

4.6 DISCUSSION ON FIELD NOTES

The intent of the field notes was done to gain an insight of whether the expectations of the newly appointed registered nurses who attended the General Nursing Orientation Programme were met. The interview should be conducted in a conducive environment and that eye contact is maintained throughout the interview to get a complete picture of how the participant feels during the interview. For this study, the researcher used descriptive field notes. The researcher was, therefore, able to observe the verbal and non-verbal cues. Certain gestures such as a hand placed on the head indicated that the participant was deep in thought. Non-verbal cues such as widened eyes and verbal cues such as a pause in their response suggested that the participant was overwhelmed and anxious.

4.7 SUMMARY

This chapter covered the data analysis, presentation, and discussion of the study findings.

The conclusions and the recommendations for the study will be dealt with in the next chapter.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter aims to present a summary of the research design and methodology, the research findings, and interpretations, concluding remarks, contributions, limitations and recommendations of the study.

5.2 RESEARCH DESIGN AND METHODOLOGY

A qualitative research design and specifically a descriptive design was used to conduct the study. Data collection was done using individual interviews which were analysed through a process of content analysis.

The research questions for this study were:

- What is the meaning of being newly-appointed registered nurse having to undergo the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia?
- Does the General Nursing Orientation Programme meet the expectations of registered nurses who have undergone the programme?

The purpose of the study was to gain an understanding of the perceptions held by newly appointed registered nurses on the General Nursing Orientation Programme and to determine whether the orientation programme met the expectation of these nurses.

In Chapter 4, transcribed excerpts from the interviews were used to demonstrate the newly appointed registered nurses' perceptions about the orientation programme and to determine whether it met the nurses' expectations.

The ten sub-themes identified as per Table 4.3 represent the perceptions that nurses held about the General Nurse's Orientation Programme and nurses' views on whether the tertiary hospital's orientation had met their expectations.

The study participants comprised of twelve newly appointed registered nurses who had attended the General Nursing Orientation Programme between 2017 and 2018 at

the tertiary hospital. A semi-structured interview guide. was used to collect data. The themes and sub-themes identified through the process of content analysis as described by (Morrow, Rodriguez & King 2015: 644).

5.3 SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS

A total of four themes and ten sub-themes were identified. The conclusion of the study is described under each theme. The following is a summary of the themes:

5.3.1 Theme 1: The voices of participants regarding the General Nursing Orientation Programme

The participants verbalised that the programme was informative and well organised and that attending the orientation prepared them to work in their various clinical areas. Some of the participants found the orientation programme refreshing as they had been nursing for several years and were glad that they received an update on the skills that helped them adapt to the new clinical areas.

Concerning the time allocated for the orientation programme, some participants felt that the time was sufficient. In contrast, others reported that the sessions were too long, especially when facilitators used the lecture method to do training. However, other participants suggested that more time should be allocated to the practical component of the orientation programme.

The participants indicated that different challenges were experienced relating to the orientation. One of these was that they had to complete too many tests on the competencies. It also appears that the amount of information given during orientation was overwhelming, causing difficulty retaining and memorising everything they learned. The fact that the orientation was scheduled soon after arrival in the country also seems to be a challenge for some nurses.

The participants voiced the opinion that incorporating the policies and procedures used within the hospital added immense value to their understanding of the standards and procedures of the organisation. They reported that attaining knowledge of the policies of the institution was imperative for the provision of quality patient care. It served as a guideline for newly appointed nurses to follow and perform procedures correctly.

5.3.2 Theme 2: The General Nursing Orientation Programme is a powerful tool for skill development and improvement of quality care

The study findings revealed the importance of undergoing orientation as it incorporated competencies that aided in the participants' professional development. The participants indicated that the competencies prepared them well for working in the clinical areas. The competencies enriched their professional expertise and skills, enhancing their efficiency and competence in delivering safe patient care.

Attending the orientation provided an opportunity to share experiences amongst nurses from different countries, and they could benchmark themselves against each other and improve patient care. The sharing of knowledge among educators and colleagues of different nationalities was beneficial and promoted a sense of collegiality and created a positive environment.

The General Nursing Orientation Programme is an excellent tool for preparing staff before placement in the clinical areas. The participants articulated that the opportunity they were given to search for information on the internet and intranet contributed to developing computer skills that benefited them. One participant reported that the orientation programme helped introduce her to different protocols such as international patient safety goals, which enabled her to maintain patient safety.

5.3.4 Theme 3: Different feelings experienced by nurses after completion of the Nursing Orientation Programme

The participants noted that they were motivated and supported by their colleagues and managers, who provided constructive feedback. They verbalised that due to the support they received, they did not feel alone, and they valued the support they received.

5.3.5 Theme 4: Participants' recommendations and expectations towards the General Nursing Orientation

The researcher concluded that, based on the report from participants, the orientation programme met their expectations. Still, a few recommendations were made that can be used to improve the orientation programme.

One participant indicated that the facilitators should evaluate the practical sessions of the orientation programme. She (the participant) believes that more human resources could be allocated for the practical sessions to allow for smaller groups for all participants to benefit from a hands-on demonstration. Another participant suggested that the orientation programme should include sessions on competencies to improve the skills of nurses who will be assigned to work in the neonatal unit. Another request was that the content of lectures should also cover specialised units.

In this study, the participants indicated that they had been informed about relevant resources, making them aware of what to expect in the clinical areas and what was expected from staff. Some participants reported that the lectures were too long and that there was no participation. They probably did not expect lectures to be so long and were prepared to participate in all activities involving the orientation. Some participants revealed their disappointment that the orientation focused more on general competencies and did not adequately cover their speciality area. Another participant felt that the orientation programme should have given them more time to prepare for practice. Thus, it is evident from the findings of the study that the participants had different needs and expectations as to how the orientation programme should be structured.

5.4 CONCLUSIONS

Below is a brief description of each theme and sub-theme.

5.4.1 Theme 1: The voices of participants regarding the General Nursing Orientation Programme

Participants perceived the General Nursing Orientation Programme as good, well-organised, practical, and informative. The researcher concluded that the orientation programme had achieved the purpose of equipping registered nurses with the necessary skills and knowledge to function optimally in their new clinical setting.

The structure and the content of the orientation can be improved, meaning that if the lecture method is used, the sessions must not be too long, it must be participatory, and the content should not be overloaded. Concerning the practical sessions, more

time should be allocated, and it should include practice for specialist areas such as neonatal care.

The organisers of the orientation programme should plan the start of the orientation programme in such a way as to accommodate nurses who travel from other countries, so they can recover before commencing the orientation programme. Including sessions in the orientation on policies and procedures were regarded as valuable, and this practice should continue.

5.4.2 Theme 2: The General Nursing Orientation Programme is a powerful tool for skills development and improvement of quality care

Attending the orientation programme contributes to enhancing the skills and competencies that improve the delivery of patient care. Updating and learning new skills and competencies prepared the participants before commencing duties in their new work environment. The fact that experiences were shared amongst the nurses from different countries was beneficial, and nurses could benchmark themselves.

5.4.3 Theme 3: Different feelings experienced by nurses after completion of the General Nursing Orientation Programme

Based on the report from participants, the researcher concluded that collegial and managerial support was valued and can contribute to a favourable, positive work environment that may result in the retention of nurses.

5.4.4 Theme 4: Participants' expectations towards the General Nursing Orientation Programme

It was concluded that the General Nursing Orientation Programme met the expectations of nurses who attended the programme. Based on the report from the participants, the orientation programme can improve concerning the time allocated, the teaching methods, inclusion of competencies for specialist areas, and the planning of the time orientation should start considering those nurses who travel from afar.

5.5. RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed:

5.5.1 Recommendations regarding additional competencies added to the orientation programme

In collaboration with the hospital management, the nursing education department should incorporate competencies for nurses working in specialised units to promote their competencies in these clinical areas.

Sessions on cultural shock should be included in the orientation programme to ease the anxieties and concerns of participants to decrease the duration of the adaptation to the organisation.

5.5.2 Recommendations about skills development and improvement of quality care

In conjunction with unit managers, the nursing education department should ensure that every newly hired staff member is assigned to a preceptor in the clinical setting so that staff can receive collegial support, which may lead to increased team spirit and an increase in productivity.

5.5.3 Recommendations for the duration of the orientation programme

The orientation programme coordinator should review the programme as the sessions were deemed too long with many tests on the competencies.

5.5.4 Recommendations regarding the method of facilitation of the orientation programme

The coordinator and the head of the department should address the presenters regarding their teaching methods, especially those who delivered monotonous sessions, motivating them to integrate other teaching methods like role play or group discussions.

In collaboration with the nursing management, the nursing education department should ensure that the newly hired staff are assigned to the clinical area for a few days before they attend the General Nursing Orientation Programme. This strategy will promote learning in the classroom as trainees could have a clearer picture of the clinical area when specific information about the clinical area is given.

5.5.5 Recommendations for future research

The researcher recommends that future research include other newly appointed staff categories to get their views on the General Nursing Orientation Programme. In this study, only females participated. The researcher recommends that male nurses should be included in future studies.

5.6 CONTRIBUTIONS OF THE STUDY

This study provided newly appointed nurses at the tertiary hospital the opportunity to share their perceptions on the General Nursing Orientation Programme. Based on the reports from participants, the researcher was able to identify factors that impact newly appointed nurses' ability to retain the information obtained during the orientation programme. Recommendations can be made not to overload the orientation programme to allow nurses to learn at their own pace. Thus, the structure of the programme should be reviewed. Another factor identified was the method of presenting the training. The lecture method does not allow enough participation, and only listening to the facilitators could be boring. A more participatory approach should be used in future. Concerning the orientation's content, nurses' recommendations should be considered, and sessions from specialised units should be included to enhance competency and ensure efficient nurses who can deliver safe patient care.

5.7 LIMITATIONS/DELIMITATIONS OF THE STUDY

The study's foreseeable limitations were that only newly appointed registered nurses were included, and the study was limited to one tertiary hospital. Therefore, the results cannot be generalised. Another limitation was that the participants were only female newly appointed registered nurses, which impacted the generalisability of the study findings. Thus, to overcome these limitations, the researcher recommends that future studies include all categories and both males and females of newly appointed staff.

5.8 CONCLUSION REMARKS

In this chapter, the researcher concluded the study on newly appointed registered nurses' perceptions of the General Nursing Orientation Programme in a tertiary hospital in Saudi Arabia. The study's findings enabled the researcher to make recommendations that may benefit newly appointed nurses, hospital management,

and the orientation programme's facilitators. The researcher also concluded that the research objectives were met.

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Appendix A: Participants' Information Sheet

Student: Jennie Naicker: 31288294

PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: HSDC/957/2020

Dear Prospective Participant

I am a Master student at the University of South Africa. I am inviting you to participate in a study titled: **Perceptions of newly appointed registered nurses regarding the nursing orientation program in a tertiary hospital in Saudi Arabia.**

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to explore and describe the perceptions of newly hired nurses on the General nursing orientation in Tertiary hospital Eastern Region Saudi Arabia. The findings of the study will be used to improve on the orientation programme.

WHY BEING AM I INVITED TO PARTICIPATE?

I request your participation in the study because you have undergone the general nurse orientation programme and seek to explore and describe your perception on the orientation programme.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The study will be conducted using semi-structured interviews utilizing an interview guide. All interviews will be tape-recorded with your permission. The expected duration of participation and the time needed to complete specific research interview will be approximately an hour per person.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any stage of the

research without giving a reason. However, it will not be possible to withdraw once you have submitted the questionnaire, but the researcher will anonymise personal data of which in this study there is none anticipated. Thus, someone could ask for withdrawing the questionnaire.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The benefits of participation in the study will contribute to the researcher's understanding on the perceptions held by professional nurses regarding the general orientation programme.

The findings of the study will be used to improve on the orientation programme that can lead to nurses adapting to the work environment and become productive faster. Thus, the hospital will also benefit, and quality of patient care will improve.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

There is no anticipated risk involved in the study, except for minimal inconvenience that might be caused during data collection with the respective participants. The only anticipated discomfort might be psychological discomfort during the interview sessions of which the researcher will refer the respective participants for psychological counselling when desired. The researcher intends to set up individualized appointments that will suite the participant's availability and not disrupt day-to-day functioning of the clinic. There is also no anticipated physical harm or injury during the study and no applicable arrangement for indemnity or insurance coverage for participants.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

As a participant you have the right to insist that your name not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this study. In addition, your name will not be recorded anywhere during the research process, and no one will be able to link you to the answers you give. Your answers will be given a code number or a pseudonym and this is how you will be referred in the data, any publications, or other research reporting methods such as conference proceedings.

Access to the data by external personnel will include transcriber or external coder who will play a role in analysing the information provided during the study and will maintain

confidentiality by signing a confidentiality agreement. The confidentiality agreement will be submitted to the Research Ethics Review Committee for consideration. Your answers may be reviewed by people responsible for making sure that research is of good standard, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

Anonymous data may be used for other purposes, such as a research report, journal articles and/or conference proceedings and privacy will be protected in any publication of the information. Publication can include a report of the study, but individual participants will not be identifiable in such a report.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet for future research or academic purposes and electronic information will be stored on a password protected computer of the researcher. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. If necessary hard copies will be shredded and or electronic copies will be permanently deleted from the hard drive of the computer using relevant software programmes.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There is no payment or incentives available for participating in the study, however, refreshment will be provided to the participants. No additional cost is anticipated for participating in the study as interviews will take place in the natural setting.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the College of Human Science, Health Studies Department, University of South Africa. A copy of the approval letter can be obtained from the researcher if you wish so.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Jennie Naicker on email: 31288294@mylife.unisa.ac.za or should you require any further information or want to contact the researcher about any aspect of this study you can use the same email address.

Should you have concerns about the way in which the research has been conducted, you may contact Dr Mercia Tellie, telephone number: 012 429 8049, email: tellimj@unisa.ac.za. You can further contact the research ethics chairperson of the HSREC, Prof J E Maritz at HSREC@unisa.ac.za, if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Researcher: Jennie Naicker

Signature: _____ Date: _____

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have (read or had the study explained to me) and understood the study as explained in the information sheet.

I had opportunities to ask questions and I am willing to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant Name and Surname..... (Please print)

Participant Signature..... Date.....

Witness Name and surname: (Please print)

Witness signature : Date

Researcher's Name and Surname..... (Please print)

Researcher's signature..... Date.....

Appendix B: Interview guide

Student: Jennie Naicker 31288294

INTERVIEW GUIDE

Title: Perception of newly appointed registered nurses regarding the nursing orientation programme in a tertiary hospital in Saudi Arabia

Section A: Demographic data:

Participant code:

✓ Please tick appropriate box

Gender:

Male

☐

Female

☐

Age

Area of expertise

Employment date:

Date of orientation:

Duration of orientation programme:

Section B: QUESTIONS:

- 1.) Tell me about your experiences relating to the nursing orientation programme.
- 2.) Did the general nursing orientation programme enhance your professional skills and knowledge in preparation for the clinical areas where you work?
- 3) Tell me if the general nursing orientation programme meets your expectations.

Thank you for participating.

Appendix C: Letter seeking permission from institution to conduct study

Jennie Naicker

Student number: 31288294

10, the Glen

11 JM Kotze Road

Pinetown, 3610

23 September 2019

The Acting Associate Executive Director

King Abdul Aziz for National Guard, Al-Ahsa

Ministry of Health Affairs

Kingdom of Saudi Arabia

Request for permission to conduct research as part of a master's degree study

My name is Jennie Naicker; I am student who is doing a master's degree in Nursing Science at the University of South Africa. As a requirement for my degree, I am required to conduct a research study. The study will be conducted under the supervision of Dr M J Tellie who can be contacted via email on tellimj@unisa.ac.za

Further details of the research are as follows:

- 1. Title of the study:** Perceptions of newly appointed registered nurses regarding the general nursing orientation programme at a tertiary hospital in Saudi Arabia.
- 2. Purpose of the study:** To explore and describe the perceptions of newly hired nurses on the general nursing programme. The findings of the study will be used to improve the existing orientation programme.
- 3. Description of the procedure:** The study will be conducted using semi-structured interviews utilizing an interview guide. All interviews will be tape-recorded

with participant's permission. The expected duration of participation and time needed to complete the research interview will be approximately an hour per person.

4. Discomfort or risk: There is no anticipated risk involved in the study except for minimal inconvenience that might be caused during data collection with respective participants. The only anticipated discomfort might be the psychological discomfort during interview sessions. The researcher intends to arrange for individualized appointments that will suit the participant's availability and not disrupt the day-to-day activities in the unit. There will be no anticipated physical harm to participants during data collection.

5. Benefit to the subject or to others, which may be expected: The benefits of participation in the study will contribute to the researcher's understanding on the perceptions held by professional nurses regarding the General Nurses Orientation Programme. The findings of the study will be used to improve on the orientation programme that can lead to nurses adapting to the work environment and become productive faster. Thus, the hospital will also benefit, and quality of patient care will improve.

6. Confidentiality: The researcher will adhere to the principle of confidentiality and pseudonyms will be used for participants instead of using their real names. No information whereby the participants will be identified will be released or published. All audio-taped records and transcripts will be kept safe and will not be made available for any other research project. Participant, names will not be recorded anywhere and nobody apart from the researcher will know about your involvement in the study.

7. Voluntary participation: Participation in the study is voluntary and participants can withdraw from the study at any time and it will not be held against them. It shall be emphasised to the participants that their refusal to participate or withdraw from the study would not jeopardise their wellbeing in any way.

8. Publication of results: Anonymous data may be used for the purpose such as a research report and journal articles, privacy will be protected in any publication.

9. Research costs: The researcher will attempt to minimise disruptions to the services. There will be no cost to the institutions.

Yours sincerely,

Researcher: Jennie Naicker

Signature: _____

Date: _____

Appendix D: Institutional consent to conduct the study

Kingdom of Saudi Arabia
Ministry of National Guard Health Affairs

المملكة العربية السعودية
وزارة الحرس الوطني - الشؤون الصحية

Name of hospital removed.

Name of hospital removed.

NURSING SERVICES DEPARTMENT

Mail Code: 0203 13 533-9999 Ext. 34305 Ext. 34308 E-MAIL: nuradm2@ngha.med.sa

MEMORANDUM

Date: **February 26, 2020**


Subject: **Request for Permission to Conduct Research Study**

To whom it may concern;

Candidate Name	Jennie Naicker
Student Number	31288294


Approval to conduct research as part of Master's Degree study is herewith granted and supported to the above mentioned candidate, Jennie Naicker, as per terms of approval by [Name of hospital removed], study number SP19/470/A.

Jennie Naicker is currently employed at the [Name of hospital removed] per her reporting hierarchy, Acting Associate Executive Director - Nursing, Johanna Greyvenstein, the study is approved.


Johanna Greyvenstein
Acting Associate Executive Director – Nursing Services Department

[Name of hospital removed]

Kingdom of Saudi Arabia
Email: Greyvenstein1@ngha.med.sa
Telephone: 0966-013-533-9999 ext. 38950
Area Code: 31982 P.O. Box 2477



Appendix E: Approval of study to be conducted at Ministry of National Guard Health Affairs

Kingdom of Saudi Arabia
Ministry of National Guard - Health Affairs

المملكة العربية السعودية
وزارة الحرس الوطني - الشؤون الصحية

King Abdullah International Medical Research Center
(KAIMRC)

IRB NCBE Registration No.:
H-01-R-005

IRB Office

Memo Ref.No. IRBC/1832/19 E-CTS Ref. No. HAS-19-437780-163745

Study Number: SP19/470/A
Study Title: Perceptions of Newly Hired Nurses on the General Nursing Orientation Program in a Tertiary Hospital in Eastern Region, Saudi Arabia
Study Sponsor: Non Grant
IRB Approval Date: 24 October 2019
IRB Review Type: ☒ Expedited Review ☐ Full Board
Study site(s): Eastern Region

Dear Ms. Jennie Shunmugam Naicker
Nurse Educator, Nursing Administration, KAH, Al Ahsa
Ministry of National Guard - Health Affairs

Sub-investigator: Ms. Valerie Dolores Doughty

After reviewing your submitted research proposal/protocol and related documents, the IRB has APPROVED the submission.
The approval includes the following related documents:

Document/Title	Version	Date
Research Proposal	01	24 October 2019
Informed Consent	01	24 October 2019
Data Collection	01	24 October 2019

The approval of the research study is valid for **one year** from the above approval to expiration date.

Terms of Approval:


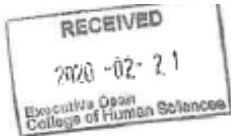
- Annual Reports:** An Annual report must be submitted for approval to avoid termination/suspension of your research.
- Financial report:** If your study is funded project, details financial report should be submitted with the scientific report.
- Final Report:** After completion of the study, a final report must be forwarded to the IRB.
- Retention of original data:** The PI is responsible for the storage and retention of original data pertaining to the project for a minimum of five years.
- Reporting of adverse events or unanticipated problems:** The PI is responsible to report any serious or unexpected adverse events or unanticipated problems, which could involve a risk to participants or others.
- Biological samples:** No biological samples to be shipped out of the Kingdom of Saudi Arabia without prior IRB approval.
- Participant incentives:** No financial compensation or gifts to be given to participants without prior IRB approval.
- Storage of biological samples:** All biological samples collected for the purpose of this research must be stored in the KAIMRC related repository.

24 OCT 2019

Dr. Abdallah Adlan
Chairman, Institutional Review Board (IRB)
Head, Biomedical Ethics Section - KAIMRC
Ministry of National Guard - Health Affairs

GA/HK/ria

Appendix F: Ethics Committee Approval Certificate



RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

19 February 2020
Dear Jennie Naicker

Decision: Approval

HS HDC/957/2020

Student: Jennie Naicker

Student No: 31288294

Supervisor: Dr MJ Tellie

Qualification: PhD

Joint Supervisor:

Name: Jennie Naicker

Proposal: Perceptions of newly appointed registered nurses regarding the nursing orientation programme in a tertiary hospital in Saudi Arabia

Qualification: MA


Risk Level: Low

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted from 19 February 2020 to 19 February 2023.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 11/02/2020.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology,*



UNISA
University of North Africa
P.O. Box 1212, Midrand, 2008
Tel: 011 708 1212
Fax: 011 708 1213
www.unisa.ac.za

should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.

- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.
- 4) You are required to submit an annual report by 30 January of each year that indicates that the study is active. Reports should be submitted to the administrator HSREC@unisa.ac.za. Should the reports not be forthcoming the ethical permission might be revoked until such time as the reports are presented.

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,


Prof JM Mathibe-Neke
CHAIRPERSON
mathijm@unisa.ac.za


Prof KM Masemola
DEAN OF COLLEGE OF HUMAN SCIENCES





Appendix G: Independent Coder's Confidentiality Agreement

Student: Jennie Naicker 31288294

Confidentiality Agreement:

Title of the study: Perceptions of newly appointed registered nurses regarding the nursing orientation programme in a tertiary hospital in Saudi Arabia

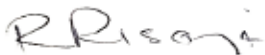
Researcher: Jennie Naicker

The Research Ethics Review Committee stipulates that access to data and input by participants during the research study needs to be kept confidential as much as possible. In addition, the editor and coder need to commit her/himself that once the information obtained during the study has been analysed no one must be able to identify, including research reports and articles in scientific journals will not have any information that can identify you or the institution that you work for. Therefore, the editor and code must commit self to ensure maintaining confidentiality by signing the confidentiality agreement.

I (name and surname). Prof Patrone Rebecca Risenga commit myself to keep all the information confidential during the course of the qualitative study for the already mentioned study.

Analysed/Editor/coder: Signature:  Date: 12 June 2020

Appendix H: Independent Coder's Declaration

CERTIFICATE OF CODING	
This is to certify that I <u>Prof PR Risenga</u> was involved in co-coding of the student data for her master's dissertation.	
Name of the student: Jennie Naicker	
Period: June 2020	
 -----	07/07/2020 -----
Signature	Date

Appendix I: Editor's Confidentiality Agreement

Student: Jennie Naicker 31288294

Confidentiality Agreement:

Title of the study: Perceptions of newly appointed registered nurses regarding the nursing orientation programme in a tertiary hospital in Saudi Arabia

Researcher: Jennie Naicker

The Research Ethics Review Committee stipulates that access to data and input by participants during the research study needs to be kept confidential as much as possible. In addition, the editor and coder need to commit her/himself that once the information obtained during the study has been analysed no one must be able to identify, including research reports and articles in scientific journals will not have any information that can identify you or the institution that you work for. Therefore, the editor and coder must commit self to ensure maintaining confidentiality by signing the confidentiality agreement.

I (name and surname)....Philippus Jacobus Botha.....commit myself to keep all the information confidential during the course of the qualitative study for the already mentioned study.

Analysed/Editor/coder: Signature: _____ Date: 12-04-2021 _____



Appendix J: Editor's Declaration

CERTIFICATE OF LANGUAGE EDITING

I, the undersigned, declare that I have edited the Masters in Nursing Science dissertation of Jennie Naicker, titled: **Perceptions of newly appointed registered nurses regarding the nursing orientation programme in a tertiary hospital in Saudi Arabia.**

I did not correct language errors in the transcriptions of interviewees, however. These sections of the dissertation had to be left intact, and any language errors they may contain were ignored.

Signed:



Prof P.J. Botha (emeritus)

Date: 12th April 2021

Appendix K: Field Notes

REGISTERED NURSE

Field notes – Interview 2

Participant – Registered nurse working in the emergency room

Kingdom of Saudi Arabia

DATE: 8th March 2020

TIME: 13:33

The researcher conducted an initial meeting to establish a good rapport with the participant and determine a suitable time and date to conduct the interview.

Role of the participant – She was a registered nurse who worked in the emergency room, and she had attended the General Nursing Orientation Programme between the period of 2017 and 2018.

The intent of the interview was to on the perception held and to determine whether the General Nurses Orientation Programme met the expectations of nurses. The interview was conducted in the office of the participant which was conducive and well-ventilated with good lighting. The participant gave consent for the interview to be audio-recorded. The researcher took field notes and conducted the interview simultaneously. The participant appeared calm and composed throughout the interview. There was no disturbance during the interview, and it lasted fifteen minutes.

There was a correlation between verbal and non-verbal communication throughout the interview. Eye contact between the researcher and participant was maintained.

My impression:

The participant answered all questions with sincerity.

The interviewee was optimistic and enthusiastic about sharing her experiences regarding the nursing orientation programme.

Appendix L: Transcript 8

TRANSCRIPT 8

Participant works in NICU

Venue of Interview: Manager's office

Date: 10 March 2020 @14:45

SPEAKER	COMMENTS	
Interviewer	A very good afternoon, how are you?	
	I am well and you?	
Interviewer	I am well. I would like to take this opportunity in expressing my gratitude and appreciation to you for agreeing to be part of my study and for being in the interview this afternoon. This interview will be audiotaped; do you consent to that?	
Participant	Totally.	
Interviewer	Thank you, the interview will take about 15 minutes; however, kindly inform me if you wish to take a break or ask any questions.	
Participant	Yes, I will.	
Interviewer	The reason for you being chosen as a participant is because you had undergone the nursing orientation during 2017 and 2018, the period my study is based on. The study has been approved by KAIMRC (research centre which is	

	affiliated with the hospital) is approved by nursing services, our nursing director and by the nursing education department. Are you comfortable?	
Participant	Yes.	
Interviewer	Thank you so much; the first question is: Tell me about your experiences about the nursing orientation programme.	
Participant	My experience is that it was actually very well put together, very informative, it was for me a very good programme to get to know the policies, the procedures of this hospital as it is my first time being in the eastern region, it was very well done.	Good / informative
Interviewer	Second question is: Did the general nursing orientation programme enhance your professional skills and knowledge in preparation for the clinical area you work?	
Participant	Yes, for sure. We had an opportunity to sign up on a lot of our procedures, competencies, things that gave us a “kick start “ you can actually call it to know what is expected of us in the unit. One of thing was infection control and the way we insert IV (intravenous therapy) and the equipment we were using, so yes, that was a big advantage. Huh (hand on face) yes, I think it definitely gave us a lot of knowledge of what was expected.	Competencies Many topics/procedures

Interviewer (probe)	So, working in NICU (neonatal ICU), do you think it really enhanced your knowledge and skills? The general nursing orientation. Since you work in a specialised unit?	Enhance knowledge and skills
Participant	Not really; it is not unit specific orientation. It is a lot for the adult but not for the neonates, huh (hand on head), it's totally different from all the other units, but we expected that. Neonates are more specialised than other units. The only problem that I actually had for the orientation is that we were not, what is the word; we did not work in the unit first so we did not know what was expected of us. Then we went for orientation because the first day we started in the general orientation, so we did not know how the unit looked like or anything. So, it was difficult for us to connect the dots. To say that this fits in there or they are talking about that. That was the only gap I could see in the whole programme. But I think if you start for two weeks in the unit, you will be able to connect the dots better.	Not unit specific orientation – more general Did not get opportunity to work in unit before the nursing orientation. Difficult to link theory with practice
Interviewer	So, you mean, you will get a better picture of what is happening (between clinical area and what is being explained in the orientation.)	
Participant	Yes, a better picture. Because your mind is very scrambled because they give you all the information, very good information	Do not know what to do with all the information given

	but you do not know what to really do with the information.	
Interviewer (probe)	You mentioned good information in the general nursing orientation.	
Participant	Yes.	
Interviewer (probe)	So, you are only able to correlate this information when you come to the clinical area?	
Participant	But when you start in clinical area after general nursing orientation, you would have already forgotten what they told you. As you are so overwhelmed with all the information that you really did not know what to do with it. I think it is very good information, but you got lost.	Problem retaining information Overwhelmed – too much information
Interviewer (probe)	The information was good, but it was too much.	
Participant	Yes, especially if you have not seen the workplace, you have not seen the unit, so I think even 2 weeks in the unit before GNO (general nursing orientation) will be perfect.	Attend orientation before seeing the ward circumstances
Interviewer	Thank you, last question is: Tell me if the general nursing orientation programme meet your expectation?	
Participant	Yes, I think it does, although I think they can do a little bit more on our specialised units. It is not just generalised, even if just one session is put in for the specialised units, that would be excellent. We have	Request to Include a few specialised topics regarding the unit.

	got certain more specifications, especially on infection control, all the lines we use so I think if we go into that, just one session. It will be good. But otherwise, I think it was excellent.	
Interviewer	At this point, is there anything else that you like to add or are there any questions that you would like to ask?	
Participant	No, I think everything was well-structured; when we started, we thought that this is well-structured. I was very impressed.	Programme well structured
Interviewer (probe)	Do you think two weeks for nursing orientation; was it too long, short or adequate?	
Participant	I think, actually, it was adequate. Although it is so much of information in the 2weeks you were tired, so you cannot focus at the end and then you have to do the practical. 2 weeks, I think if it is longer, no, I think 2weeks is sufficient because if it is longer it will be longer out of the unit and we need to be in the unit. As I said, we need to connect the dots. So I think if the programme is longer, it would be even more overwhelmed.	Length of programme overwhelming
Interviewer	Thank you for being at the interview and for agreeing to be part of the study.	

End of interview